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Alberta Case Cost Report

For 2005/2006 Hospital Activity

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Introduction

The Alberta Costing Partnership has successfully developed patient specific case costs for both inpatient and ambulatory care, for the ninth year. The partnership includes the costing Regional Health Authorities (RHAs) along with Alberta Health and Wellness.

The 2005/2006 Case Cost Report discloses the cost of cases that were handled by the participating health regions between April 1, 2005 and March 31, 2006. Cases are grouped by linking cost data to activity data to provide appropriate summary information.

Although the data submitted has gone through reasonability validation, the Alberta Costing Partnership provides no external assurance over the appropriateness and completeness of cost allocations done by the RHAs.

The inpatient costs are grouped by Case Mix Groups (CMGs), and ambulatory care costs are grouped by the Ambulatory Care Classification System (ACCS). Schedules 1 and 2 summarize cost data by CMGs and ACCS cells, respectively.

Alberta's Costing Partnership

Leadership of the Alberta Costing Partnership resides within Alberta Health and Wellness. The Health Authority Funding and Financial Accountability Branch is responsible for carrying on the health costing mandate. Health costing was done in conjunction with RHAs using a common costing framework to generate patient specific case costs.

Representatives from the costing RHAs and Alberta Health and Wellness participate in the costing round table review of the provincial cost results. The participants of this Costing Function Team review the statistical analysis and cost comparisons. Issues identified in this process are investigated and resolved prior to publication of this report.

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2005/2006 Costs

Volumes of Cost and Activity Data Collected

	Inpatient			Ambulatory Care		
	Costed Records	Provincial Activity Reported	Costed Records as % of Activity	Costed Records (millions)	Provincial Activity Reported (millions)	Costed Records as % of Activity
2000/2001	134,000	343,000	39%	1.4	5.5	25%
2001/2002	185,000	337,500	55%	1.5	5.9	25%
2002/2003	194,000	345,000	56%	1.9	6.2	31%
2003/2004	195,000	353,000	55%	1.9	6.8	28%
2004/2005	196,000	357,000	55%	2.0	6.9	29%
2005/2006	206,000	364,000	59%	2.1	6.9	30%

Cost data were provided from 12 different sites. Each site tracks costs on a patient specific basis in one or more functional centres.

The bulk of the costs for inpatient cases flow from inpatient nursing functional centres, therefore, only sites with the ability to track nursing costs on a patient specific basis are included in this report. Since inpatients routinely receive services in other functional centres such as operating and recovery rooms, diagnostic imaging and laboratory services, regions have developed the capability to track costs in these centres on a patient specific basis. Where this capability does not exist, regions use allocation models to ensure that appropriate costs are properly distributed to inpatient cases.

The costs for ambulatory care cases are reported where there are systems to track costs on a patient specific basis in the functional centres directly providing ambulatory care.

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The following table outlines the facility and availability of patient specific cost information submitted in the 2005/2006 fiscal year.

2005/2006 Cost Data by Region/Facility

Regional Health Authority	Site	Inpatient	E.R.	Day Procedure	Clinics	DI	Rehab
Calgary	Alberta Children's Hospital	Yes	Yes	Yes	No	Yes	No
	Foothills Medical Centre	Yes	No	Yes	Yes	Yes	No
	Rockyview General Hospital	Yes	No	Yes	Yes	Yes	No
	Peter Lougheed Centre	Yes	No	No	No	Yes	No
Capital	Glenrose Rehabilitation Hospital	Yes	No	Yes	Yes	Yes	Yes
	Misericordia Community Hospital	Yes	Yes	Yes	Yes	Yes	Yes
	Grey Nuns Community Hospital	Yes	Yes	Yes	Yes	Yes	Yes
	Royal Alexandra Hospital	Yes	Yes	Yes	Yes	Yes	Yes
	University of Alberta Hospital	Yes	Yes	Yes	Yes	Yes	Yes
	Leduc Community Hospital	Yes	Yes	Yes	Yes	Yes	Yes
	Sturgeon Community Hospital	Yes	Yes	Yes	Yes	Yes	Yes
	Northeast Community Health Centre	No	Yes	No	Yes	Yes	Yes

Capital Health currently provides the bulk of the ambulatory care cost data. Calgary Health Region and Capital Health provide similar amounts of Inpatient data. The table below shows the percent contribution from the respective regions:

2005/2006 Costed Cases

Region	Inpatient	Ambulatory
Capital	51% (103,907)	91% (1,896,217)
Calgary	49% (101,605)	9% (180,466)

Data Flows

Cost data collected by the participating RHAs is forwarded to the Health Authority Funding and Financial Accountability Branch of Alberta Health and Wellness on an annual basis.

Processing of the raw cost data is done at Alberta Health and Wellness with the results reviewed and validated in consultation with the Costing Function Team. The process ultimately results in the development of patient specific case costs, average costs and relative values. The processed cost records reside in the Alberta Health and Wellness database and are available for extraction for research and management purposes subject to the provisions of the *Health Information Act*.

One of the primary users of the information is the Health Funding Unit at Alberta Health and Wellness. For ambulatory care, the system wide relative values are used in the funding formula. Funding calculations for Province Wide Services use the average costs from the inpatient data.

CIHI is also a significant user of the costing results. Alberta Health and Wellness sends the final set of cost data to CIHI to be combined with cost data from Ontario and British Columbia to develop national weights. One set of weights produced is the Resource Intensity Weights (RIWs) by Case Mix Groups. The Health Funding Unit uses these RIWs in the funding formula for inpatient care.

The other major users of data are the regional health authorities. Finalized cost and activity data are provided back to the regions in a summarized format. Regions use cost data for rate setting with third party payers and providers, revenue analysis, financial planning, evaluation, and benchmarking. In summary, various users have used the cost information to improve resource allocation and consumption decisions.

Data Collection Processes

The costing exercise is heavily dependent upon data collection systems. There are two components to the data utilized by Alberta Health and Wellness in developing case costs: activity data and patient specific cost data.

Activity Data

Patient specific activity data is collected by all regions and represents unique information for each particular service.

For example, the activity data includes:

- ◆ patient demographics (birth date, personal health number, gender, etc.)
- ◆ responsibility for payment
- ◆ procedure/diagnosis codes
- ◆ service dates
- ◆ service location
- ◆ patient disposition
- ◆ provider type

"...[A]mbulatory care data includes data from traditional hospital-based programs (such as Emergency and Day Surgery), as well as services delivered in community based settings (such as outpatient clinics) [or private clinics], ... primary and secondary prevention as well as diagnosis, patient education, treatment, and rehabilitative services."¹

Inpatient data include hospital discharge data from acute, chronic and rehabilitative facilities (which includes psychiatric institutions and cancer facilities). As the facilities are reporting the activities in a fiscal year, the activity records include cases from Alberta residents, as well as residents from other provinces or from other countries.

All RHAs send both the ambulatory care and inpatient activity data directly to Alberta Health and Wellness using the Morbidity and Ambulatory Care Abstracting Reporting (MACAR) system. The ambulatory care data is grouped with the Alberta-developed Ambulatory Care Classification System (ACCS) grouper. Inpatient activity data is collected and submitted to CIHI, where it is incorporated into the Discharge Abstract Database (DAD). CIHI groups the data into Case Mix Groups. This grouping methodology is also known as the CMG Grouper.

Cost Data

The costing regions provide patient specific cost data for both ambulatory and inpatient services. A concerted attempt has been made to parallel the two processes, in keeping with the overall costing framework. Cost data from the regions are submitted directly to Alberta Health and Wellness. The cost data does not include payments made to Alberta physicians or allied practitioners. For information on these payments, please refer to the *Alberta Health Care Insurance Plan Statistical Supplement*. The current online version is available at:

<http://www.health.alberta.ca/newsroom/pub-annual-reports.html>

Costing data is submitted only once a year and includes, for each case, common information that is used to link the data.

In addition, the files contain the following information:

1. Patient specific supply costs
 - ♦ patient specific drug costs
 - ♦ patient specific supply costs

These are supply costs that can be directly assigned to specific patients (e.g. operating room supplies, drugs dispensed on a prescription or unit dose basis).

2. Other patient specific cost data
 - ♦ Functional centre direct costs:

Include all costs (salaries, medical, and surgical supplies) and other expenses in the patient care functional centres (called absorbing cost centres) for services provided directly to patients. Also, included in these costs are the direct administrative costs associated with the administration of a patient care area, such as salaries of patient care managers and medical staff administration.

¹ *Ambulatory Care in Alberta Using Ambulatory Care Classification System Data*, Alberta Health and Wellness, August 2004, p. 1.

- ♦ **Functional centre indirect costs:**
Include costs associated with the administration and support functional centres (called transient cost centres). These indirect expenditures are allocated to patient care functional centres. Examples of these types of costs are general administration and support services such as finance, material management, facilities management, registration, patient food services, and health records.
- ♦ **Non-specific patient drug allocation:**
Are costs for ward stock and other drugs that could not be directly assigned to specific patients.

The submitted costs do not include expenditures not related to patient care. For instance, amortization of building and leasehold improvements, contributed services, or full cost of ancillary operations is excluded.

Cost Data Processes

Cost data files are initially summarized into one record that includes the total case cost. The second step is to link these costed cases to the activity files to obtain grouper assignments (ACCS cells or CMG). Once linked, the relative values and average costs by group are calculated.

Trimming Data

Trimming of cost data is a standard practice in the calculation of average case costs and relative values for each cell or group. The trimming process results in the exclusion of those cases that are atypical from these calculations. Because of the trending analysis issue with the ICD-10-CA/CCI coding system, this year trimming of inpatient cases in Alberta was based on the length of stay (LOS) from the past three years of Alberta inpatient discharges. A trim point is determined for each group. Any case with a length of stay beyond the trim point is considered an outlier or an atypical case with an associated higher cost. The rationale for trimming is that the retention of outliers in the relative value and average cost calculations would lead to the potential over-valuation of services.

The formula used in calculating the inpatient trim point is applied to data from the Discharge Abstract Database and is outlined below:

$(\text{LOS of third quartile}) + (2 * (\text{LOS of third quartile} - \text{LOS of first quartile}))$

Specific Processes for 2005/2006 Cost Computations

The cost computation processes used in this report are consistent with the prior year. For reporting purposes, simple averages were used. However, 2004/2005 costing was adjusted by inflation to assist users that want to compare multiple years of data. The inflation adjustment applies to 2004/2005 costs was 4.1 per cent.

The data submitted was edited for reasonability. The following list describes the type of edit checks used:

1. Ambulatory care
 - a) exclude any cases which did not include allocated overhead costs
 - b) exclude any cases grouped to ACCS 3 (nerve injections) with a case cost less than \$16.00
 - c) exclude any cases grouped to intervention cells (ACCS groups between 1.1 and 99), excluding ACCS 3 (nerve injections), with a case cost less than \$21.00
 - d) exclude any cases grouped to ACCS 1062, 1101, 1111, 1121, 1151, 1201, 1221, 1241, 2021, 2022, 2051, 2063, 2070, 2082, or 2099 with a case cost less than \$5.00
 - e) exclude any cases grouped to clinical cells not specified in 1.d) with a case cost less than \$11.00
2. Inpatient
 - a) exclude any cases with a case cost of less than \$200.00 if the length of stay is greater than one day
 - b) exclude any cases without nursing costs
 - c) exclude any cases with a cost per day less than \$100.00
 - d) exclude any cases which did not include allocated overhead costs
 - e) exclude any cases beyond the trim point
 - f) exclude any cases with an invalid length of stay

The rest of the costing process remained constant with prior years cost development.

Grouping of Data

Nationally, CIHI sponsors the use of the Case Mix Groups (CMG) grouper for inpatient cases. They have developed Resource Intensity Weights (RIWs) for each CMG. The Health Funding and Economics Unit began utilizing these RIWs in the 2001/2002 funding calculations.

The Alberta health system adopted a new inpatient grouper effective in the 2007/2008 fiscal year. The new grouper, CMG+, is significantly different from the current CMG.

For grouping of ambulatory care data, the Alberta-developed Ambulatory Care Classification System (ACCS) is used. CIHI also sponsors a national ambulatory care grouper, Comprehensive Ambulatory Classification System (CACS), which is modeled upon Alberta's ACCS. Plans are in place to switch to CACS in 2010.

CMG Grouper

The CMG grouper groups patients together who are similar in terms of resources used.

The variables required to define the Case Mix Groups are:

- ♦ most responsible diagnosis
- ♦ weight (for neonates)

- ♦ presence or absence of operating room procedures
- ♦ surgical hierarchy/medical hierarchy
- ♦ diagnosis types 1, 2, W, X, and Y²

The complexity overlay on the CMG codes enhances the prediction of utilization of acute care resources within medical/surgical specialties. A complexity level is not applied to a CMG code unless it improves homogeneity in length of stay (LOS) or total resource use.

The variables used in assigning the complexity levels are:

- ♦ major clinical categories/case mix groups
- ♦ pre-admission comorbidity (type 1 diagnosis)
- ♦ post-admission comorbidity (type 2 diagnosis)
- ♦ service transfer diagnosis (type W, X, or Y diagnosis)
- ♦ comorbidity grades
- ♦ number of body systems involved
- ♦ number of "complex" comorbidities³

The complexity levels are as follows:

- Plx 1 – no complexity
- Plx 2 – complexity related to chronic conditions
- Plx 3 – complexity related to serious/important conditions
- Plx 4 – complexity related to potentially life-threatening conditions
- Plx 9 – complexity not applied (for instance, the complexity may already be captured within the CMG assignment methodology)⁴

A Plx group is the combination of CMG code + Plx Level. CIHI also applies an age overlay to each Plx group based on the age of the patient:

- 1) 0 to 17 years old
- 2) 18 to 69 years old
- 3) 70 plus years old

There are 478 CMG codes and 1,588 Plx groups. When the age overlay is applied to these Plx groups, the result is 4,760 new codes (commonly referred to as Aplx cells). Unfortunately, there are low volume concerns for the majority of these Aplx cells using the Alberta costing data. Therefore, the cost results by CMG code + Plx level + age group are not published in this report. The final set of 2005/2006 inpatient data were classified using the CIHI CMG Grouper. A relative value was calculated for all CMG groups, except for CMG 997 Stillbirths since there is no activity reported for this CMG.

ACCS Grouper

The Ambulatory Care Classification System (ACCS) was developed in Alberta. The project began in 1989 under the direction of Alberta Health and Wellness with the intent to create an ambulatory care grouper tailored to Alberta specifications. The project began with a review of existing groupers (DPGs, PACs, EDGs) and used these building blocks, in combination with Alberta data, to develop ACCS.

² *Grouping Methodologies: CMG™ and Plx™*, Canadian Institute for Health Information, Revised 2000, p. 9.

³ *Ibid.*, p. 21.

⁴ *Ibid.*, p. 24.

To run the ACCS grouper the required data consist of patient demographics and visit related information such as diagnosis/procedure code, mode of service, date of service, patient disposition, etc. The ACCS grouper used to classify the cost data this year was composed of 430 groups.

The authors and managers of ACCS have the ability to modify the grouper based on Alberta results, or to meet specific needs within the province. For instance, a review of the resource homogeneity of a number of ACCS grouper cells was undertaken in early 2000. In addition to an examination of the relative resource homogeneity of each of the groups, a review was done of the need for a number of under-populated or similar groups.

Grouping Results

Each of the schedules includes a list of the ACCS or CMG group numbers along with the descriptive name of each group. For more information on the contents of each group (i.e. ICD-10-CA/CCI codes), it will be necessary for interested parties to go to source documents for the respective groupers. Information on the ACCS grouper can be obtained from the Health Authority Funding and Financial Accountability Branch of Alberta Health and Wellness (780-427-0664).

Only a small number of ungroupable records were found in both the inpatient and ambulatory care activity and cost submissions.

Data Top-Up

Top-up is the generally accepted practice of supplementing any low volume cells with cost data from historical data or another jurisdiction. Determining the top-up threshold is a somewhat subjective decision. In Alberta, the standard has been set at five, meaning that any cell with four or fewer cost records will require topping-up with additional cost data.

In the past, low-volume cells were topped up with cost records from the remaining set of cost data (data from 1997/1998 to 2002/2003). Topping up these low-volume cells results in a much more extensive data set upon which to base average costs. Furthermore, this extensive data set also reduces the requirement to rely upon other jurisdictions' data for top-up. No attempt is made to top-up any cells for which no cases had been reported within the province.

Contribution to National Weights

Data from Alberta, Ontario, and British Columbia are used by CIHI to develop Resource Intensity Weights (RIWs). However, data from Alberta and Ontario are used to develop the Ambulatory Cost Weights.

Resource Intensity Weights

On an annual basis, the Canadian Institute for Health Information (CIHI) develops and publishes a schedule of RIWs based on their CMG grouper. RIWs are also published for Day Procedure Groups (DPGs).

According to CIHI's Web page⁵

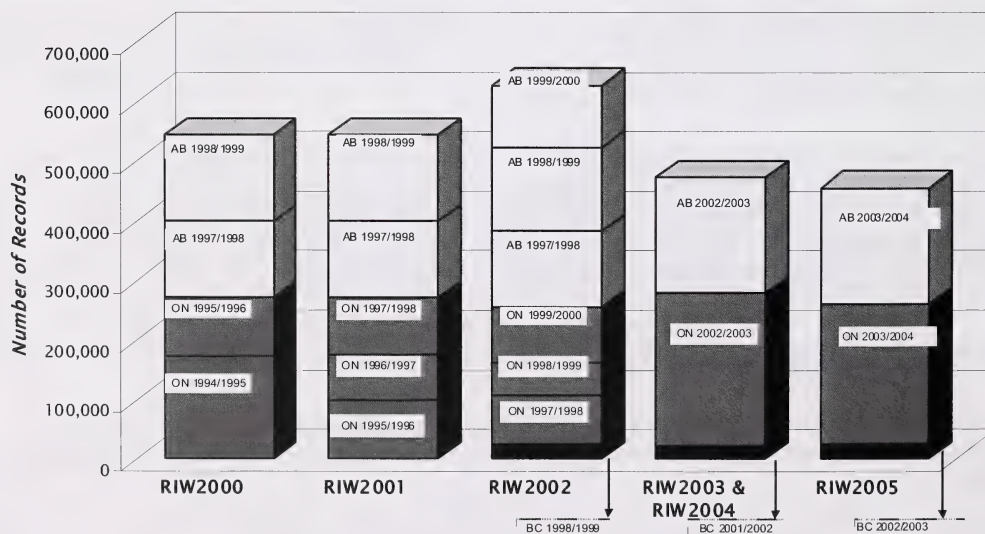
"The Resource Intensity Weights (RIW) system is a relative resource allocation methodology for estimating a hospital's inpatient specific costs for both acute and day procedure care. RIW is used to standardize the expression of hospital case volumes, recognizing that not all patients require the same health care resources. Volume is then expressed as "weighted cases".

"Uses

- translating case mix data into cost data
- determining unit costs for atypical cases
- identifying priorities by CMG for utilization management
- planning new programs
- evaluating program efficiency"

Starting 2006, CIHI has not produced RIWs under the CMG Plex methodology. In subsequent publications, RIW2007 will refer to the CMG Plus grouping methodology instead.

Comparing Data Utilized by CIHI in Developing RIWs



⁵ Canadian Institute for Health Information. *RIW™ and Expected Length of Stay Methodology* [cited 15 May 2003]. Available from: <http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=casemix_riw_e>.

Ambulatory Cost Weights

CIHI also develops Ambulatory Cost Weights (ACW) for the ambulatory care data grouped by CACS. According to CIHI's web page⁶

"ACW are made to be relative to the average cost of a specific group of patients. This is known as a 'fixed' anchor point. The mean cost against which all others are compared is the mean cost for CACS cell 75, "Hemodialysis". The CACS cell for dialysis is chosen because it represents a very specific patient population and makes up a large proportion of the cost database (>100,000 records). This large sample size ensures a stable estimate of the true cost of performing the service."

"Uses

- translating CACS data into cost data
- determining costs for atypical cases
- identifying priorities by CACS group for utilization management
- planning new programs & evaluating program efficiency"

Conclusion

In its ninth year, the Alberta Costing Partnership has once again produced Alberta costs for both inpatient and ambulatory care. The significance of this achievement can be demonstrated by the widening interest, which continues to be expressed by other health organizations and researchers. In particular, the contribution and acceptance of Alberta cost data in the development of national Resource Intensity Weights through CIHI attest to the quality of the work that has been done in the province. As well, Alberta continues to lead the rest of the country in comprehensively collecting and costing ambulatory care data.

The continued success of the Alberta Costing Partnership could not have occurred without the dedication and commitment of RHA and Alberta Health and Wellness staff. The cost results included in this report are the product of many hours of effort, an achievement of which all participants can be proud.

The Health Authority Funding and Financial Accountability Branch would like to thank all those individuals who have contributed to this work.

⁶ Canadian Institute for Health Information. *Ambulatory Cost Weights* [cited 8 July 2005]. Available from: <http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=casemix_acw_e>.

Definitions

Activity Volume Total number of hospital and clinic cases reported to the MACAR system. The MACAR system collects all inpatient and outpatient cases in Alberta.

Average Cost Mean of the costed cases.

Ave LOS Costed Cases Average length of stay in days; the day of admission is counted but the day of separation is not counted in this calculation.

Costed Cases The number of cases that have been costed and reported. Excluded cases and cases exceeding the trim point are not included in the number of costed cases (see page 8). The total number of cases costed for each Case Mix Group (CMG) may not equal the sum of cases costed for each complexity level due to different trim point calculations for CMGs and Plx groups (CMG code + Plx level).

Plx Level Complexity levels (refer to page 9 for a more detailed discussion)

Standard Deviation Measures the variability or distribution of the cost data (based on the set of cost records). It is calculated from the deviations (differences) between each data value and the mean. The more disperse the data is, the larger the standard deviation.

Trim Point The length of stay (LOS) value used to exclude some cost records from the calculations, as they are considered to be atypical.



Alberta Case Cost Report For 2005/2006 Hospital Activity
Schedule 1 - Inpatient Cost Results

CMG Description	Plx Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
001 CRANIOTOMY PROCEDURES	—	15,998	16,651	1,082	1,043	7	1,187	12,395	25	
	Plx1	13,445	13,615	921	826	6	972	8,380	21	
	Plx2	22,683	22,782	55	92	12	60	14,476	35	
	Plx3	30,886	29,869	59	59	17	63	16,703	52	
	Plx4	59,767	58,030	87	115	26	92	37,482	87	
003 SPINAL PROCEDURES	—	10,366	11,677	143	123	5	178	7,306	21	
	Plx1	9,440	9,921	131	104	5	158	6,360	17	
	Plx2	22,043	18,953	3	15	18	6	7,307	45	
	Plx3	22,624	32,378	4	4	13	5	11,178	55	
	Plx4	57,716	53,415	9	12	35	9	56,962	82	
004 EXTRACRANIAL VASCULAR PROCEDURES	—	8,063	7,433	252	256	4	347	4,531	11	
	Plx1	6,865	6,706	207	223	3	298	2,699	8	
	Plx2	14,533	16,055	18	22	9	24	6,536	35	
	Plx3	18,801	18,257	17	10	9	18	15,687	28	
	Plx4	26,763	38,763	6	10	19	7	10,316	66	
005 VENTRICULAR SHUNT REVISION	—	6,155	6,559	77	75	3	86	2,425	8	
	Plx1	6,173	6,492	75	72	3	82	2,438	8	
	Plx2	5,476	12,430	2	3	3	2	2,466	17	
	Plx3	.	7,083	.	1	0	0	0	0	
	Plx4	33,998	.	1	.	15	1	0	41	
006 CARPAL TUNNEL RELEASE AND SPECIFIED NERVOUS SYSTEM PROCEDURES	—	6,260	6,163	99	85	3	146	4,922	10	
	Plx1	5,795	5,978	94	82	3	135	4,517	9	
	Plx2	33,321	10,524	3	1	17	4	32,132	45	
	Plx3	25,680	21,856	2	3	15	3	15,123	67	
	Plx4	54,521	92,812	3	5	55	4	34,148	151	
007 PERIPHERAL, CRANIAL NERVE AND OTHER NEUROLOGICAL PROCEDURES	—	19,256	20,471	46	39	12	57	16,966	61	
	Plx1	13,061	13,045	35	25	6	38	8,899	26	
	Plx2	28,504	21,547	3	2	18	3	952	53	
	Plx3	22,118	.	3	.	26	4	6,378	74	
	Plx4	93,677	43,493	10	11	72	12	36,904	135	

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Schedule 1 - Inpatient Cost Results

CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
010 NEOPLASM OF NERVOUS SYSTEM	—	8,241	9,119	258	249	10	464	8,349	42
	Pix1	6,137	6,995	194	178	8	350	5,371	33
	Pix2	11,476	10,916	39	37	11	74	12,504	49
	Pix3	20,399	17,355	15	23	22	22	11,276	66
	Pix4	28,447	31,626	11	7	30	18	16,947	80
011 DEGENERATIVE NERVOUS DISORDERS	—	14,712	13,473	215	165	18	430	16,860	76
	Pix1	10,798	9,817	157	124	15	335	11,259	65
	Pix2	21,393	22,990	32	18	30	49	17,240	102
	Pix3	24,788	21,236	15	14	30	25	15,598	128
	Pix4	43,900	36,028	12	9	29	21	41,857	142
012 MULTIPLE SCLEROSIS AND CEREBELLAR DISORDERS	—	7,499	7,319	123	116	9	261	7,745	39
	Pix1	5,139	6,009	100	99	6	210	4,160	27
	Pix2	18,045	11,643	12	9	27	27	13,280	96
	Pix3	30,517	22,553	10	8	36	15	25,088	130
	Pix4	23,837	31,073	5	1	31	9	11,362	160
013 SPECIFIC CEREBROVASCULAR DISORDERS EXCEPT TRANSIENT ISCHEMIC ATTACKS	—	9,131	9,156	1,775	1,713	9	2,786	8,479	39
	Pix1	6,683	6,594	1,347	1,272	7	2,106	5,231	27
	Pix2	16,574	14,741	201	183	19	322	13,171	72
	Pix3	19,790	17,140	122	138	21	196	15,564	75
	Pix4	31,949	28,100	125	129	28	162	28,040	99
014 TRANSIENT ISCHEMIC ATTACKS AND PRECEREBRAL OCCLUSIONS	—	4,108	3,962	529	571	4	1,085	3,533	16
	Pix1	3,767	3,539	484	521	3	987	3,077	13
	Pix2	8,063	7,606	34	32	9	64	7,034	30
	Pix3	18,481	14,672	15	16	17	20	13,175	52
	Pix4	21,299	21,097	12	10	20	14	11,760	69

Alberta Case Cost Report For 2005/2006 Hospital Activity
Schedule 1 - Inpatient Cost Results

		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
CMG Description	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
015 NONSPECIFIC CEREBROVASCULAR DISORDERS	—	7,587	6,861	93	77	7	139	7,368	32	
	Pix1	6,601	5,438	74	56	6	103	6,486	26	
	Pix2	10,517	9,586	11	11	14	19	6,245	53	
	Pix3	16,158	7,387	4	6	20	9	11,908	53	
	Pix4	23,849	18,934	8	4	19	8	20,134	91	
017 CRANIAL AND PERIPHERAL NERVE DISEASES	—	7,318	6,748	174	179	9	341	6,859	30	
	Pix1	6,077	5,865	138	145	7	281	5,659	26	
	Pix2	8,457	11,798	19	14	12	31	6,731	49	
	Pix3	20,339	10,119	13	16	20	19	14,443	64	
	Pix4	25,679	41,514	6	8	33	10	20,732	130	
018 VIRAL MENINGITIS	—	2,610	2,362	70	90	3	121	1,545	8	
	Pix1	2,537	2,285	68	87	3	112	1,464	8	
	Pix2	.	12,239	.	2	0	0	0	0	
	Pix3	7,807	6,353	6	1	8	6	3,304	26	
	Pix4	.	3,204	.	1	0	0	0	0	
019 INFECTION EXCEPT VIRAL MENINGITIS	—	8,730	8,189	199	172	8	303	8,184	27	
	Pix1	6,595	5,627	149	132	6	231	5,641	19	
	Pix2	12,336	11,831	18	19	12	26	9,268	34	
	Pix3	16,640	16,461	21	9	14	26	10,163	42	
	Pix4	27,360	35,098	14	13	20	20	24,585	75	
020 HYPERTENSIVE ENCEPHALOPATHY	—	11,473	15,475	5	8	9	13	10,577	31	
	Pix1	6,018	5,266	3	4	4	9	4,636	16	
	Pix2	29,177	14,032	1	2	24	2	0	43	
	Pix3	21,203	.	2	.	26	2	15,652	41	
	Pix4	.	37,337	.	2	0	0	0	0	
021 NON-TRAUMATIC STUPOR AND COMA	—	4,028	5,116	90	90	4	167	3,210	16	
	Pix1	3,695	4,776	69	63	4	129	3,128	13	
	Pix2	4,752	4,468	13	14	6	20	3,835	21	
	Pix3	10,518	9,222	7	7	18	12	9,583	40	
	Pix4	11,353	10,932	5	7	10	6	9,903	33	

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
022 SEIZURE AND HEADACHE	—	3,977	3,504	1,175	1,116	4	2,685	3,430	10
	Pix1	3,613	3,282	1,069	1,021	3	2,462	2,821	10
	Pix2	8,056	7,723	58	68	6	114	6,236	20
	Pix3	7,682	9,525	48	45	6	72	5,426	24
	Pix4	27,765	24,094	31	30	18	37	20,845	52
028 OTHER NERVOUS SYSTEM DIAGNOSES	—	8,268	7,854	469	425	8	841	9,419	35
	Pix1	5,500	5,019	329	305	6	636	4,692	26
	Pix2	10,986	9,988	64	47	13	100	10,743	45
	Pix3	11,243	12,953	35	25	11	55	7,564	54
	Pix4	26,437	23,077	36	42	11	50	20,047	51
040 TRACHEOSTOMY AND GASTROSTOMY PROCEDURES	—	96,229	77,438	216	235	50	253	79,435	158
	Pix1	25,519	33,418	45	44	24	51	28,956	104
	Pix2	54,209	34,504	9	8	31	13	47,790	105
	Pix3	34,108	39,851	16	32	34	26	16,121	122
	Pix4	127,651	101,678	145	149	60	163	77,170	178
050 ORBITAL PROCEDURES	—	2,115	2,415	328	314	1	342	1,253	4
	Pix1	2,094	2,406	324	310	1	335	1,244	4
	Pix2	11,104	6,459	6	5	6	6	12,996	24
	Pix3	4,089	2,530	1	1	5	1	0	17
	Pix4	.	43,782	.	1	0	0	0	0
051 OTHER INTRAOCULAR PROCEDURES	—	2,405	2,789	153	92	1	172	1,584	4
	Pix1	2,385	2,771	150	89	1	167	1,592	4
	Pix2	3,874	5,006	4	5	3	4	1,173	12
	Pix4	78,768	.	1	.	104	1	0	104
052 RETINAL PROCEDURES	—	1,990	2,211	1,267	1,186	1	1,419	860	1
	Pix1	1,990	2,211	1,262	1,182	1	1,413	861	1
	Pix2	2,220	3,251	5	4	1	5	538	6
	Pix3	.	2,822	.	2	0	0	0	0
	Pix4	61,744	17,186	1	1	76	1	0	76
053 IRIS AND LENS PROCEDURES	—	2,177	2,660	19	15	1	19	2,198	4
	Pix1	2,177	2,660	19	15	1	19	2,198	4

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
CMG Description	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
054 EXTRAOCULAR PROCEDURES	—	2,134	2,035	37	26	1	61	965	1	
	Pix1	2,134	2,032	37	23	1	60	965	1	
	Pix2	38,340	11,609	1	1	28	1	0	28	
055 LENS INSERTION (MNRH)	—	2,794	3,257	301	245	1	335	1,023	1	
	Pix1	2,791	3,267	300	241	1	332	1,024	1	
	Pix2	5,169	3,026	1	3	3	1	0	6	
	Pix3	3,494	2,361	1	2	1	2	0	1	
057 OTHER OPHTHALMIC PROCEDURES (MNRH)	—	1,966	1,757	40	48	1	57	671	1	
	Pix1	1,966	1,728	40	47	1	56	671	1	
	Pix2	.	3,122	.	1	0	0	0	0	
060 MAJOR EYE INFECTIONS	—	5,439	5,445	69	62	5	106	4,216	15	
	Pix1	5,342	5,100	64	57	5	94	4,220	14	
	Pix2	15,169	9,398	6	3	14	7	4,596	39	
	Pix3	3,621	20,356	3	4	5	4	1,368	37	
062 HYPHEMA	—	2,006	2,687	11	4	3	17	1,219	7	
	Pix1	2,006	2,687	11	4	3	17	1,219	7	
063 OTHER OPHTHALMIC DIAGNOSES (MNRH)	—	3,145	3,266	100	100	3	171	2,686	10	
	Pix1	3,163	3,209	95	94	3	157	2,736	10	
	Pix2	4,603	8,025	7	7	6	9	3,315	33	
	Pix3	10,603	4,302	1	1	14	3	0	19	
	Pix4	13,818	22,280	2	1	15	2	2,273	41	
075 RADICAL LARYNGECTOMY AND GLOSSECTOMY	—	42,507	47,256	88	74	20	91	15,591	52	
	Pix1	35,008	40,368	52	47	16	57	9,795	33	
	Pix2	45,501	54,073	10	7	23	10	9,528	51	
	Pix3	43,384	49,663	6	6	21	6	18,305	72	
076 MAJOR HEAD AND NECK PROCEDURES	Pix4	62,718	75,172	17	18	30	18	20,404	79	
	—	13,260	15,298	187	176	5	201	17,436	34	
	Pix1	9,182	9,504	164	146	4	171	10,742	19	
	Pix2	32,999	25,370	9	7	13	9	18,260	38	
	Pix3	41,927	41,603	4	7	15	4	14,283	27	
	Pix4	78,612	53,197	16	15	30	17	48,801	85	

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
077 LESS EXTENSIVE HEAD AND NECK PROCEDURES	—	3,881	3,395	208	188	2	259	3,350	7
	Pix1	3,286	3,341	186	185	2	251	2,564	4
	Pix2	9,721	16,868	3	5	13	4	4,594	33
	Pix3	10,074	11,524	2	2	12	2	6,833	25
	Pix4	19,591	24,115	2	7	8	2	6,958	66
078 CLEFT LIP AND PALATE REPAIR	—	6,231	5,343	141	112	2	148	2,096	5
	Pix1	6,173	5,195	139	110	2	145	2,054	5
	Pix2	13,767	13,464	2	2	5	2	5,393	11
	Pix3	10,558	.	1	.	4	1	0	10
081 SALIVARY GLAND PROCEDURES	—	4,033	4,193	172	147	1	218	1,562	4
	Pix1	3,994	4,188	168	146	1	214	1,528	4
	Pix2	7,096	4,927	2	1	3	2	2,592	10
	Pix3	4,255	.	2	.	3	2	1,224	4
082 MINOR EAR, NOSE AND THROAT PROCEDURES	—	2,334	2,690	31	35	1	56	1,257	4
	Pix1	2,329	2,659	30	34	1	54	1,278	4
	Pix2	2,485	3,724	1	1	2	1	0	38
	Pix3	.	24,038	.	1	0	0	0	0
083 RECONSTRUCTIVE ENT PROCEDURES	—	6,895	6,793	399	391	2	412	3,004	5
	Pix1	6,836	6,761	395	387	2	405	2,944	5
	Pix2	12,698	11,196	4	3	4	5	3,657	6
	Pix3	13,432	16,944	1	4	7	1	0	12
	Pix4	57,541	.	1	.	21	1	0	21
084 MISCELLANEOUS EAR, NOSE AND THROAT PROCEDURES	—	5,387	5,279	126	94	3	157	5,927	10
	Pix1	4,727	5,045	120	90	3	147	4,570	10
	Pix2	4,218	7,114	1	1	4	2	0	38
	Pix3	36,256	16,534	3	3	15	3	20,864	52
	Pix4	24,197	31,567	4	4	12	5	15,171	51
085 MASTOID PROCEDURES	—	6,715	9,042	126	125	1	220	7,528	4
	Pix1	6,578	8,274	121	112	1	217	7,406	3
	Pix2	1,782	3,124	1	2	1	1	0	10
	Pix3	13,998	12,368	2	1	8	2	6,710	27

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
CMG Description										
	086 OTHER TONSILLAR PROCEDURES	—	3,596	2,990	18	31	2	48	3,847	7
		Pix1	3,711	2,990	16	31	2	46	4,080	7
		Pix2	2,726	.	1	.	2	1	0	4
	Pix3	2,618	.	1	.	3	1	0	3	
087 SINUS PROCEDURES	—	2,212	2,595	39	43	1	89	722	1	
	Pix1	2,212	2,614	39	42	1	88	722	1	
	Pix2	.	14,646	.	1	0	0	0	0	
	Pix3	3,290	3,305	1	2	2	1	0	10	
088 ETHMOIDECTOMY (MNRH)	—	2,053	2,447	313	299	1	429	487	1	
	Pix1	2,049	2,444	311	297	1	426	479	1	
	Pix2	6,809	3,461	2	1	7	2	7,536	22	
	Pix3	3,610	4,363	1	3	1	1	0	12	
089 DENTAL EXTRACTION OR RESTORATION (MNRH)	—	2,527	2,566	160	154	1	210	1,236	4	
	Pix1	2,516	2,528	159	149	1	203	1,232	4	
	Pix2	4,318	2,794	1	4	1	4	0	12	
	Pix3	.	7,382	.	1	0	0	0	0	
	Pix4	9,313	27,085	2	1	12	2	1,893	44	
090 EXTERNAL AND MIDDLE EAR PROCEDURES (MNRH)	—	2,274	2,534	99	96	1	137	1,200	1	
	Pix1	2,217	2,534	97	96	1	135	1,122	1	
	Pix2	.	7,901	.	1	0	0	0	0	
	Pix3	5,067	10,144	2	1	1	2	2,066	1	
091 NASAL PROCEDURES (MNRH)	—	1,925	2,183	62	77	1	205	899	1	
	Pix1	1,925	2,190	62	76	1	204	899	1	
	Pix2	2,748	5,074	1	2	2	1	0	15	
092 MYRINGOTOMY (MNRH)	—	2,543	2,644	24	21	2	34	1,623	4	
	Pix1	2,543	2,735	24	19	2	33	1,623	4	
	Pix2	.	7,255	.	1	0	0	0	0	
	Pix3	.	4,551	.	3	0	0	0	0	
	Pix4	87,472	.	1	.	52	1	0	52	

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
093 TONSILLECTOMY AND ADENOIDECTOMY PROCEDURES (MNRH)	—	2,264	2,024	383	297	1	1,515	857	1
	Pix1	2,264	2,017	382	295	1	1,503	858	1
	Pix2	5,012	16,645	4	7	3	8	3,307	16
	Pix3	4,253	3,795	2	1	2	4	3,286	4
100 ENT MALIGNANCY	—	8,271	9,268	60	50	9	82	8,717	48
	Pix1	5,331	6,586	41	32	6	59	4,826	29
	Pix2	13,117	10,354	11	9	15	15	14,709	65
	Pix3	8,941	15,728	2	6	11	3	279	78
101 ACUTE SUPPURATIVE INFECTIONS	Pix4	31,130	18,858	5	2	36	5	26,473	111
	—	3,032	3,000	24	27	3	67	1,900	11
	Pix1	3,047	3,000	23	27	3	60	1,941	11
	Pix2	2,696	.	1	.	4	5	0	10
102 DYSEQUILIBRIUM	—	2,624	2,789	231	234	4	892	1,893	13
	Pix1	2,540	2,516	220	213	4	843	1,778	13
	Pix2	7,229	4,742	14	10	9	39	6,115	27
	Pix3	17,988	5,917	3	3	27	7	9,127	39
104 INFLUENZA	Pix4	27,218	5,733	2	2	38	3	9,085	57
	—	3,566	3,628	190	182	3	709	3,100	10
	Pix1	3,413	3,475	169	165	3	654	2,945	10
	Pix2	6,150	6,868	15	12	5	34	6,364	17
107 EPIGLOTTITIS	Pix3	4,797	6,321	9	8	6	18	2,690	27
	Pix4	19,155	7,846	1	2	10	3	0	67
	—	3,465	4,980	30	20	3	41	4,109	10
	Pix1	3,324	5,074	29	19	2	39	4,107	7
108 EPISTAXIS	Pix2	.	3,192	.	1	0	0	0	0
	Pix3	7,559	.	1	.	3	1	0	4
	—	2,522	2,561	98	90	3	288	1,938	10
	Pix1	2,484	2,504	84	84	3	254	1,958	10
	Pix2	4,525	2,960	13	3	6	27	3,625	14
	Pix3	6,963	6,189	3	3	7	5	9,423	39
	Pix4	2,877	5,133	2	1	5	2	2,800	18

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
CMG Description 109 OTHER ENT INFECTIONS	—	2,682	3,146	71	86	3	339	2,007	10	
	Pix1	2,669	2,994	67	76	3	326	2,047	10	
	Pix2	8,803	4,601	3	5	10	8	4,817	21	
	Pix3	6,025	4,000	4	5	7	4	6,970	24	
	Pix4	43,907	23,588	1	3	15	1	0	35	
113 SINUSITIS (MNRH)	—	3,416	2,814	29	38	4	119	2,615	8	
	Pix1	3,281	2,729	26	36	3	113	2,732	8	
	Pix2	11,355	4,349	2	2	9	4	9,213	17	
	Pix3	4,453	.	2	.	7	2	456	7	
114 SORE THROAT (MNRH)	—	2,403	2,355	134	193	2	791	2,767	7	
	Pix1	2,244	2,258	127	184	2	771	2,096	7	
	Pix2	2,883	3,974	5	8	4	11	2,000	12	
	Pix3	5,822	7,353	3	1	6	6	5,997	11	
	Pix4	27,859	.	3	.	11	3	19,543	28	
115 MISCELLANEOUS ENT DIAGNOSES (MNRH)	—	1,415	1,890	98	100	1	1,568	950	1	
	Pix1	1,419	1,831	96	91	1	1,511	952	1	
	Pix2	10,380	10,865	18	22	9	25	8,348	28	
	Pix3	12,152	7,151	17	18	8	21	7,390	27	
	Pix4	29,068	14,200	10	5	15	11	41,598	42	
116 CROUP (MNRH)	—	1,672	2,016	124	99	1	367	1,043	4	
	Pix1	1,602	2,009	121	98	1	362	951	4	
	Pix2	4,229	2,724	2	1	3	3	231	7	
	Pix3	5,064	.	1	.	3	1	0	12	
	Pix4	32,615	32,347	1	2	11	1	0	21	
125 TRACHEOSTOMY	—	131,644	129,994	115	133	57	156	82,332	182	
	Pix1	9,576	10,979	6	11	8	6	6,219	29	
	Pix2	5,181	13,393	1	1	7	3	0	78	
	Pix3	44,545	69,162	3	4	22	5	25,457	68	
	Pix4	142,312	144,260	105	117	61	142	77,903	191	

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		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
126 RESECTION OF LUNG	—	12,217	12,259	385	394	7	428	4,922	17
	Pix1	11,088	11,004	282	298	6	295	3,700	14
	Pix2	14,775	15,408	73	55	10	78	5,306	24
	Pix3	17,286	17,990	28	39	12	28	7,495	33
	Pix4	46,514	27,038	27	14	23	27	30,704	63
127 MAJOR RESPIRATORY PROCEDURES	—	13,750	14,075	417	427	10	529	13,695	38
	Pix1	9,245	9,273	261	271	7	318	6,088	28
	Pix2	12,626	13,367	68	60	11	91	6,669	37
	Pix3	15,268	16,251	40	51	14	54	8,887	44
	Pix4	42,329	49,436	54	46	24	66	25,682	60
128 MINOR RESPIRATORY PROCEDURES	—	9,969	8,320	97	68	6	113	7,833	20
	Pix1	7,514	7,085	70	51	4	86	4,713	14
	Pix2	12,800	6,605	13	5	10	13	5,376	30
	Pix3	20,944	15,349	8	6	14	8	16,338	37
	Pix4	56,468	70,540	4	11	17	6	29,970	93
129 OTHER RESPIRATORY PROCEDURES	—	4,119	4,589	123	151	3	174	2,534	16
	Pix1	3,288	3,028	94	109	1	141	1,721	4
	Pix2	10,005	9,918	13	17	12	18	7,380	45
	Pix3	12,840	14,229	10	8	16	12	5,930	51
	Pix4	35,465	24,442	2	8	27	3	27,333	74
135 TUBERCULOSIS	—	11,693	12,374	44	35	15	63	9,978	59
	Pix1	8,530	11,180	32	25	13	47	5,551	52
	Pix2	20,775	10,180	7	4	25	9	16,330	105
	Pix3	21,162	12,736	3	4	23	4	8,957	58
	Pix4	27,765	21,339	3	1	20	3	23,912	119
136 RESPIRATORY FAILURE	—	17,967	14,208	371	309	11	521	21,803	39
	Pix1	8,211	8,570	144	121	6	227	9,079	26
	Pix2	14,416	8,517	62	50	11	87	11,437	35
	Pix3	13,485	14,130	61	59	10	79	14,164	39
	Pix4	37,290	31,029	102	84	17	128	30,615	52

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		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
137 RESPIRATORY INFECTIONS AND INFLAMMATIONS	—	11,800	11,141	609	634	10	976	13,235	34	
	Pix1	8,081	7,213	349	346	8	594	7,790	27	
	Pix2	12,172	11,076	94	118	12	146	10,688	40	
	Pix3	12,675	13,878	74	92	12	101	8,965	41	
	Pix4	28,925	29,957	107	92	18	135	25,414	61	
138 RESPIRATORY NEOPLASMS	—	8,595	8,702	610	606	11	1,160	7,673	40	
	Pix1	6,411	6,608	317	305	8	655	4,501	33	
	Pix2	9,270	9,727	171	174	12	300	6,804	44	
	Pix3	10,554	9,754	78	80	14	127	7,755	47	
	Pix4	24,023	17,745	53	47	23	78	20,404	73	
139 INTERSTITIAL DISEASE	—	9,019	7,094	203	149	10	352	9,618	33	
	Pix1	5,611	4,924	131	102	7	246	4,268	24	
	Pix2	9,931	12,393	19	19	14	37	5,923	49	
	Pix3	10,616	12,167	29	15	13	40	6,670	46	
	Pix4	24,830	24,562	22	19	15	29	17,798	64	
140 CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	—	7,599	7,280	1,680	1,325	9	3,469	7,588	28	
	Pix1	5,127	4,610	967	761	7	2,223	3,476	21	
	Pix2	7,483	7,933	244	215	10	534	5,630	32	
	Pix3	9,882	9,787	267	199	11	396	7,802	38	
	Pix4	21,398	20,611	242	185	18	316	17,051	62	
141 PULMONARY EDEMA	—	14,963	13,989	90	92	9	194	19,075	26	
	Pix1	5,155	5,064	41	39	5	110	4,961	14	
	Pix2	11,071	7,291	19	18	12	38	7,288	27	
	Pix3	15,132	13,285	10	14	8	18	18,721	37	
	Pix4	50,361	43,752	17	26	18	28	27,660	47	
142 CHRONIC BRONCHITIS	—	5,616	5,439	1,667	1,635	7	3,720	5,387	24	
	Pix1	4,309	4,187	1,255	1,201	6	2,939	3,232	18	
	Pix2	7,281	7,288	138	192	10	377	5,744	31	
	Pix3	9,441	9,925	190	172	10	283	7,571	38	
	Pix4	18,856	16,921	88	75	15	121	16,221	55	

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
143 SIMPLE PNEUMONIA AND PLEURISY	—	5,715	5,685	2,594	2,556	6	7,413	6,198	20
	Pix1	4,094	3,973	1,874	1,806	5	5,912	3,029	14
	Pix2	8,153	7,768	347	346	9	814	6,395	31
	Pix3	10,147	9,702	199	247	10	418	8,798	34
	Pix4	23,392	22,184	176	182	15	269	26,658	51
144 PNEUMOTHORAX	—	4,107	3,685	158	165	5	288	3,927	17
	Pix1	3,573	3,295	140	155	4	256	3,311	14
	Pix2	5,977	10,368	6	7	7	16	4,504	31
	Pix3	8,139	12,759	4	4	11	8	7,197	33
	Pix4	21,425	20,018	5	1	16	8	22,278	58
145 TRACHEOBRONCHITIS	—	4,307	3,696	589	716	3	1,973	3,981	8
	Pix1	3,943	3,595	550	678	3	1,848	3,259	8
	Pix2	8,063	5,766	28	28	7	73	4,137	18
	Pix3	12,294	10,253	16	22	8	26	7,977	27
	Pix4	39,618	46,824	23	27	13	26	35,225	44
146 ASTHMA	—	2,812	2,647	1,211	1,099	2	2,473	2,855	7
	Pix1	2,694	2,536	1,184	1,059	2	2,395	2,203	7
	Pix2	3,750	5,444	16	29	4	31	2,209	20
	Pix3	9,949	11,254	18	21	7	33	8,252	23
	Pix4	41,340	30,151	13	10	12	14	26,373	33
147 OTHER RESPIRATORY DIAGNOSES	—	4,991	5,282	624	667	4	1,508	5,105	16
	Pix1	4,169	3,937	497	512	4	1,281	4,583	13
	Pix2	5,999	5,887	62	70	5	126	3,778	20
	Pix3	9,363	8,886	31	52	9	51	6,847	32
	Pix4	24,245	32,559	39	42	14	50	28,125	48
175 HEART OR LUNG TRANSPLANT	—	115,827	109,246	73	52	37	80	102,102	130
	Pix1	46,053	44,591	15	6	16	16	9,084	30
	Pix2	61,563	56,912	9	9	24	9	14,667	45
	Pix3	54,845	42,176	5	2	26	6	18,092	52
	Pix4	176,191	149,512	48	34	56	49	127,472	186

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
176 CARDIAC VALVE REPLACEMENT WITH HEART PUMP WITH CARDIAC CATH	—	44,388	53,401	66	75	24	68	19,442	67
	Pix1	34,999	32,674	16	18	21	17	13,596	47
	Pix2	35,110	37,846	20	11	19	20	8,995	49
	Pix3	51,717	46,458	16	17	28	16	15,915	75
	Pix4	81,810	86,630	15	31	35	15	65,047	106
177 CARDIAC VALVE REPLACEMENT WITH HEART PUMP WITHOUT CARDIAC CATH	—	27,755	26,997	483	461	9	517	13,416	24
	Pix1	23,078	22,053	332	286	8	343	6,386	17
	Pix2	34,210	28,153	63	65	13	64	14,302	28
	Pix3	35,502	32,133	51	40	13	54	13,218	35
	Pix4	69,976	60,653	55	75	22	56	49,638	64
178 CORONARY BYPASS WITH HEART PUMP WITH CARDIAC CATH	—	38,009	34,224	263	275	19	273	22,339	45
	Pix1	28,379	26,648	67	86	16	68	7,545	38
	Pix2	29,701	29,155	106	93	16	106	12,417	39
	Pix3	43,573	31,210	44	50	21	44	22,112	49
	Pix4	76,280	66,447	53	49	30	55	48,366	75
179 CORONARY BYPASS WITH HEART PUMP WITHOUT CARDIAC CATH	—	19,248	18,997	1,190	1,186	8	1,277	8,273	20
	Pix1	16,375	16,310	700	726	7	733	4,360	14
	Pix2	20,577	19,621	332	268	10	349	7,242	21
	Pix3	27,041	25,749	91	108	12	97	10,886	31
	Pix4	53,203	48,602	89	105	20	98	39,640	55
181 OTHER CARDIO-THORACIC PROCEDURES WITH HEART PUMP WITH CARDIAC CATH	—	63,625	69,409	28	19	22	30	64,903	67
	Pix1	25,166	30,125	7	2	12	7	7,557	24
	Pix2	31,727	22,410	7	3	21	7	8,397	55
	Pix3	25,757	29,871	4	1	16	4	4,081	38
	Pix4	128,022	100,536	10	14	34	12	73,209	91

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
182 OTHER CARDIO-THORACIC PROCEDURES WITH HEART PUMP WITHOUT CARDIAC CATH	—	24,592	26,242	302	261	8	321	13,380	23
	Pix1	18,867	17,439	189	141	6	199	7,129	13
	Pix2	24,154	23,275	53	47	7	56	7,268	18
	Pix3	36,405	31,292	12	24	12	13	16,413	25
	Pix4	64,012	65,677	50	60	17	53	45,033	49
183 MAJOR CARDIO-THORACIC PROCEDURES WITHOUT HEART PUMP WITH CARDIAC CATH	—	28,566	22,746	120	104	11	128	25,649	42
	Pix1	12,613	12,508	41	29	4	41	7,437	19
	Pix2	20,840	16,195	26	21	11	27	10,515	34
	Pix3	30,602	21,284	16	16	14	18	16,612	39
	Pix4	55,305	38,729	40	36	19	42	37,838	67
184 MAJOR CARDIO-THORACIC PROCEDURES WITHOUT HEART PUMP WITHOUT CARDIAC CATH	—	18,636	19,673	77	76	10	92	17,055	38
	Pix1	10,920	15,118	27	31	6	29	5,489	21
	Pix2	14,182	15,321	25	20	10	28	9,956	27
	Pix3	20,633	19,525	13	14	17	14	13,651	50
	Pix4	56,376	49,943	21	13	29	21	43,231	84
185 PERMANENT PACEMAKER IMPLANT FOR SPECIFIED CARDIAC CONDITIONS	—	41,659	44,788	175	161	12	263	18,203	44
	Pix1	37,799	40,788	89	72	9	128	16,812	30
	Pix2	43,456	41,605	39	42	14	65	17,146	42
	Pix3	45,600	48,522	31	30	14	42	19,394	44
	Pix4	54,446	68,230	17	19	23	28	24,991	64
186 PERMANENT PACEMAKER IMPLANT WITHOUT SPECIFIED CARDIAC CONDITIONS	—	16,536	19,304	607	517	5	1,067	9,604	23
	Pix1	14,991	16,977	497	409	4	846	8,385	19
	Pix2	23,549	26,254	80	52	10	130	11,562	32
	Pix3	25,723	29,783	24	47	12	67	15,399	33
	Pix4	40,695	44,415	12	10	18	24	31,658	56

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
CMG Description 188 PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY W COMPLICATING CARD CONDITIONS	—	13,129	12,175	1,203	1,291	5	1,720	5,464	15	
	Pix1	12,099	11,255	928	943	4	1,367	4,409	12	
	Pix2	15,180	13,665	145	178	7	185	6,894	19	
	Pix3	18,088	15,793	87	124	9	105	7,274	23	
	Pix4	29,000	28,058	52	60	13	63	20,287	43	
189 PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY W/O COMPLIC CARDIAC CONDITIONS	—	8,252	8,212	1,452	1,533	2	1,742	3,383	7	
	Pix1	6,963	7,218	683	752	1	851	1,845	1	
	Pix2	9,643	9,366	694	659	3	822	4,271	13	
	Pix3	16,561	13,883	48	53	7	54	8,955	28	
	Pix4	22,037	35,111	13	15	13	15	14,415	51	
191 TEMPORARY CARDIAC PACEMAKER	—	6,429	14,063	6	15	4	20	4,853	26	
	Pix1	8,469	5,342	2	7	9	10	7,691	14	
	Pix3	11,107	2,721	1	1	5	3	0	25	
	Pix4	3,510	24,404	3	7	1	3	1,188	39	
193 CARDIAC PACEMAKER DEVICE REPLACEMENT OR REVISION	—	11,747	14,552	73	50	3	235	11,799	7	
	Pix1	11,199	12,802	60	31	2	221	11,620	4	
	Pix2	13,965	32,644	3	5	11	6	8,080	36	
	Pix3	29,944	12,736	3	1	7	4	16,440	23	
	Pix4	35,258	36,368	3	2	11	4	15,911	43	
194 MINOR CARDIO-THORACIC PROCEDURES WITHOUT HEART PUMP	—	7,965	7,054	254	224	2	284	6,088	10	
	Pix1	6,370	6,026	211	175	1	254	4,166	4	
	Pix2	15,292	16,474	20	18	7	22	9,413	25	
	Pix3	12,306	11,343	1	8	5	1	0	17	
	Pix4	32,985	12,521	7	4	15	7	11,390	43	

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
200 AMI, UNSTABLE ANGINA OR CARDIAC CATH WITH SHOCK OR PULMONARY EMBOLISM	—	15,701	14,119	55	62	8	90	14,251	34
	Plx1	9,448	6,840	12	19	5	28	7,783	19
	Plx2	9,553	6,994	6	8	9	12	6,929	31
	Plx3	15,421	12,146	20	11	10	24	15,302	37
	Plx4	25,152	21,997	19	21	12	26	17,227	53
201 AMI WITH CARDIAC CATH WITH CONGESTIVE HEART FAILURE	—	16,342	14,371	105	65	13	119	8,853	35
	Plx1	12,728	12,608	63	34	11	71	5,757	28
	Plx2	16,900	16,366	14	18	15	17	7,262	36
	Plx3	20,326	15,950	17	8	15	18	9,524	37
	Plx4	30,176	19,996	11	6	21	13	8,699	56
202 AMI WITH CARDIAC CATH WITH VENTRICULAR TACHYCARDIA	—	13,654	10,275	7	10	11	11	6,770	30
	Plx1	12,126	9,669	6	8	11	9	5,948	30
	Plx2	22,824	.	1	.	14	1	0	14
	Plx3	.	12,699	.	2	0	0	0	0
203 AMI WITH CARDIAC CATH WITH ANGINA	—	9,832	9,053	16	18	8	29	4,835	20
	Plx1	9,638	8,755	14	16	8	27	5,155	20
	Plx2	11,193	14,894	2	1	11	2	965	22
	Plx3	.	7,969	.	1	0	0	0	0
204 AMI WITH CARDIAC CATH WITHOUT SPECIFIED CARDIAC CONDITIONS	—	9,326	8,806	589	388	8	780	4,932	23
	Plx1	8,759	7,961	533	319	7	709	3,976	20
	Plx2	13,691	11,264	31	36	10	42	5,118	33
	Plx3	12,488	12,813	15	21	11	18	6,251	34
	Plx4	21,155	22,917	10	11	13	11	15,531	35

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CMG Description	Pix Level	Average Cost <small>*prior year inflated by 4.1%</small>		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
205 AMI WITHOUT CARDIAC CATH WITH CONGESTIVE HEART FAILURE	—	12,240	9,745	215	187	11	418	11,705	34
	Pix1	8,357	7,975	106	109	9	227	4,946	24
	Pix2	12,413	9,675	40	28	12	83	6,354	36
	Pix3	14,482	10,572	32	29	14	59	9,708	38
	Pix4	24,407	19,425	36	24	19	49	24,057	55
206 AMI WITHOUT CARDIAC CATH WITH VENTRICULAR TACHYCARDIA	—	5,969	4,195	13	9	5	43	2,597	22
	Pix1	6,056	4,386	10	8	5	30	2,492	19
	Pix2	27,487	.	1	.	24	5	0	42
	Pix3	5,680	2,667	3	1	3	7	3,515	17
	Pix4	101,585	.	1	.	61	1	0	68
207 AMI WITHOUT CARDIAC CATH WITH ANGINA	—	6,005	8,826	12	18	6	53	4,259	20
	Pix1	5,368	6,204	10	11	5	51	3,869	17
	Pix2	4,694	16,152	1	4	6	1	0	32
	Pix3	.	6,645	.	2	0	0	0	0
	Pix4	.	12,730	.	1	0	0	0	0
208 AMI WITHOUT CARDIAC CATH WITHOUT SPECIFIED CARDIAC CONDITIONS	—	6,112	5,702	700	705	5	1,824	5,157	17
	Pix1	5,084	5,181	552	591	4	1,537	3,413	14
	Pix2	9,218	9,525	74	60	8	140	7,151	27
	Pix3	9,249	9,083	47	34	7	93	6,985	25
	Pix4	15,733	11,763	37	37	11	54	11,459	37
210 UNSTABLE ANGINA WITH CARDIAC CATH WITH SPECIFIED CARDIAC CONDITIONS	—	9,445	10,058	11	8	9	14	4,363	27
	Pix1	9,445	10,058	11	8	9	14	4,363	26

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
211 UNSTABLE ANGINA WITH CARDIAC CATH WITHOUT SPECIFIED CARDIAC CONDITIONS	—	7,286	6,891	118	146	8	229	3,797	20
	Pix1	7,069	6,716	112	139	7	221	3,693	20
	Pix2	12,231	10,015	5	5	13	5	3,390	33
	Pix3	6,952	15,794	1	2	6	1	0	27
	Pix4	.	11,640	.	1	0	0	0	0
212 UNSTABLE ANGINA WITHOUT CARDIAC CATH WITH SPECIFIED CARDIAC CONDITIONS	—	6,461	7,232	41	45	6	119	6,032	20
	Pix1	4,650	5,570	32	31	4	102	3,263	17
	Pix2	10,300	8,769	5	7	8	9	9,147	31
	Pix3	16,851	13,483	2	4	11	6	15,139	33
	Pix4	.	18,098	.	5	0	0	0	0
213 UNSTABLE ANGINA WITHOUT CARDIAC CATH WITHOUT SPECIFIED CARDIAC CONDITIONS	—	3,621	3,513	297	342	4	1,142	2,362	11
	Pix1	3,454	3,436	274	321	4	1,089	2,158	11
	Pix2	5,975	4,605	21	17	6	42	3,545	18
	Pix3	7,025	4,599	5	3	8	11	4,789	30
	Pix4	.	6,388	.	1	0	0	0	0
215 CARDIAC CATH WITH CONGESTIVE HEART FAILURE	—	13,306	12,157	239	219	13	282	8,735	35
	Pix1	10,883	10,072	175	167	12	202	5,235	31
	Pix2	14,933	15,152	29	22	17	32	6,209	40
	Pix3	20,131	18,391	17	19	19	24	10,365	48
	Pix4	31,741	32,608	24	18	23	24	19,624	65
216 CARDIAC CATH WITH VENTRICULAR TACHYCARDIA	—	9,182	9,553	151	133	8	176	5,580	26
	Pix1	8,699	8,595	139	115	8	161	4,844	26
	Pix2	13,797	13,595	8	6	12	9	6,050	32
	Pix3	16,154	14,478	4	9	13	5	14,816	34
	Pix4	36,008	23,087	1	2	18	1	0	47

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
CMG	Description	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
217	CARDIAC CATH WITH UNSTABLE ANGINA	—	7,405	6,597	226	140	7	267	3,996	22
		Pix1	7,217	6,473	208	135	7	246	3,802	22
		Pix2	9,428	9,068	13	3	8	15	4,727	28
		Pix3	9,952	11,300	5	2	9	5	7,727	38
		Pix4	19,186	.	1	.	24	1	0	49
218	CARDIAC CATH WITHOUT SPECIFIED CARDIAC CONDITIONS	—	5,415	5,230	799	859	5	1,126	3,643	17
		Pix1	5,260	5,067	772	823	5	1,083	3,411	17
		Pix2	12,442	8,972	23	25	12	31	7,651	31
		Pix3	9,939	15,092	9	10	11	11	7,854	38
		Pix4	24,480	20,009	1	6	30	1	0	49
219	ENDOCARDITIS	—	16,944	15,036	61	61	15	90	14,778	56
		Pix1	10,552	8,651	27	33	12	43	7,211	43
		Pix2	13,909	11,787	11	7	14	13	10,224	42
		Pix3	10,316	20,774	5	5	15	11	5,514	44
		Pix4	34,186	29,791	21	17	29	23	20,847	91
220	PULMONARY EMBOLISM	—	5,568	5,699	488	518	7	845	5,062	22
		Pix1	4,755	4,571	319	322	6	557	4,291	18
		Pix2	5,375	6,036	115	132	7	193	3,694	25
		Pix3	10,675	9,454	37	42	12	57	5,996	43
		Pix4	15,101	22,060	22	28	13	38	12,933	43
222	HEART FAILURE	—	7,684	7,195	1,931	1,764	10	4,379	6,300	31
		Pix1	5,909	5,665	1,197	1,109	8	2,963	4,156	24
		Pix2	8,912	8,205	357	336	11	737	6,810	38
		Pix3	11,135	10,165	220	200	14	395	10,054	51
		Pix4	21,719	20,558	200	176	23	284	15,873	77
225	HYPERTENSIVE HEART DISEASE	—	5,724	9,129	25	11	7	97	2,813	24
		Pix1	3,401	.	5	.	3	47	1,354	17
		Pix2	6,362	5,759	15	7	8	37	2,944	22
		Pix3	11,740	19,520	4	4	12	9	11,460	58
		Pix4	6,246	20,248	2	2	4	4	4,562	85

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
226 OTHER CIRCULATORY DIAGNOSES	—	6,027	6,200	535	561	6	1,069	5,237	20	
	Pix1	4,582	4,460	366	386	4	797	3,560	14	
	Pix2	8,239	8,898	86	97	8	156	6,642	27	
	Pix3	9,793	10,113	47	63	11	67	6,923	40	
	Pix4	22,349	27,333	41	31	18	49	22,088	58	
229 ATHEROSCLEROSIS (MNRH)	—	4,685	5,346	298	299	5	711	4,497	20	
	Pix1	3,945	4,124	232	227	4	543	3,432	14	
	Pix2	6,792	8,943	39	42	7	104	6,053	28	
	Pix3	11,152	11,447	25	26	13	52	9,077	53	
	Pix4	14,162	25,962	7	16	13	12	15,342	72	
232 ACQUIRED VALVULAR DISORDERS (MNRH)	—	7,366	6,224	57	63	8	125	5,050	27	
	Pix1	5,311	4,883	24	42	6	61	3,406	23	
	Pix2	7,471	7,732	20	14	10	43	4,558	28	
	Pix3	10,190	20,361	11	9	10	17	5,258	40	
	Pix4	15,441	4,456	2	1	11	4	13,047	70	
233 HYPERTENSION (MNRH)	—	3,482	3,725	138	122	4	795	2,919	11	
	Pix1	3,176	3,285	117	102	4	723	2,448	13	
	Pix2	4,945	6,083	17	15	6	57	5,115	21	
	Pix3	7,978	10,112	8	7	8	11	4,456	25	
	Pix4	11,516	7,117	2	3	9	4	2,170	33	
234 CONGENITAL CARDIAC DISORDERS (MNRH)	—	6,619	11,067	27	29	4	36	6,131	22	
	Pix1	5,116	7,285	20	13	3	26	5,523	13	
	Pix2	16,930	5,292	4	6	13	5	8,828	27	
	Pix3	11,353	18,856	3	5	9	4	5,580	25	
	Pix4	2,512	13,656	1	3	2	1	0	45	
235 ANGINA PECTORIS	—	3,109	2,684	98	98	3	582	2,146	10	
	Pix1	2,966	2,691	93	96	3	542	1,988	10	
	Pix2	6,409	2,355	7	2	8	37	3,007	17	
	Pix3	.	8,139	.	1	0	0	0	0	
	Pix4	.	9,220	.	1	0	0	0	0	

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
CMG Description 237 ARRHYTHMIA	—	4,923	4,414	1,069	994	5	3,269	5,274	16	
	Pix1	3,946	3,685	798	761	4	2,646	3,680	13	
	Pix2	6,797	6,948	170	173	8	416	4,576	24	
	Pix3	9,776	9,636	80	68	10	155	6,627	34	
	Pix4	20,004	18,937	37	21	15	52	18,744	65	
240 SYNCOPE AND COLLAPSE	—	3,624	3,407	317	305	4	967	2,603	13	
	Pix1	3,457	3,167	276	276	4	863	2,520	13	
	Pix2	6,639	7,973	27	17	8	74	4,708	24	
	Pix3	6,484	5,381	18	15	10	25	5,587	38	
	Pix4	11,055	6,462	4	1	11	5	16,606	55	
242 CHEST PAIN	—	2,671	2,434	764	978	3	2,645	1,761	7	
	Pix1	2,658	2,406	735	951	3	2,525	1,772	7	
	Pix2	3,788	4,266	28	30	5	89	2,470	14	
	Pix3	5,956	7,899	10	7	7	27	3,818	26	
	Pix4	11,940	6,981	2	1	8	4	12,916	38	
250 EXTENSIVE GASTROINTESTINAL PROCEDURES	—	27,735	23,622	61	58	15	87	14,703	39	
	Pix1	20,700	18,549	30	37	11	44	9,060	27	
	Pix2	26,125	22,589	8	9	14	10	10,009	24	
	Pix3	36,116	35,624	13	5	25	13	8,320	45	
	Pix4	65,479	52,529	17	8	31	20	50,641	87	
251 GASTROSTOMY AND COLOSTOMY PROCEDURES	—	23,444	22,940	841	813	16	1,491	21,062	53	
	Pix1	14,166	14,035	486	427	11	883	7,677	30	
	Pix2	21,495	20,470	72	83	18	145	9,725	48	
	Pix3	28,670	26,226	108	120	21	177	18,334	59	
	Pix4	61,398	59,830	185	216	37	286	44,323	119	
252 MAJOR ESOPHAGEAL, STOMACH AND DUODENUM PROCEDURES	—	17,749	19,509	51	67	12	79	8,697	38	
	Pix1	13,992	14,043	35	41	10	57	5,530	25	
	Pix2	25,739	21,624	5	9	21	9	6,439	40	
	Pix3	22,127	24,491	3	9	18	4	6,854	40	
	Pix4	36,025	51,754	8	11	19	9	22,415	85	

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
253 MAJOR INTESTINAL AND RECTAL PROCEDURES	—	13,185	13,787	1,346	1,335	10	2,531	7,752	25
	Pix1	11,122	11,082	991	916	8	1,774	4,580	21
	Pix2	17,159	17,955	116	111	13	196	9,680	38
	Pix3	17,673	16,721	135	170	14	277	9,462	35
	Pix4	38,417	36,809	160	182	22	284	30,615	72
255 LESS EXTENSIVE ESOPHAGEAL, STOMACH AND DUODENUM PROCEDURES	—	9,045	8,921	520	534	6	992	5,845	18
	Pix1	8,197	8,045	461	454	5	840	4,697	17
	Pix2	17,031	10,611	19	34	11	39	11,243	29
	Pix3	15,284	11,794	34	25	11	65	7,061	30
	Pix4	40,017	30,566	33	32	23	48	26,351	60
258 LAPAROTOMY	—	9,230	9,184	544	587	7	822	7,107	24
	Pix1	7,362	7,532	422	451	6	636	4,067	18
	Pix2	15,688	11,673	49	52	13	70	10,615	36
	Pix3	11,373	13,634	43	38	10	59	5,859	37
	Pix4	43,629	27,012	44	41	25	57	32,601	72
260 LESS EXTENSIVE INTESTINAL AND RECTAL PROCEDURES	—	3,805	3,704	196	161	3	298	2,727	10
	Pix1	3,758	3,639	190	155	3	282	2,724	10
	Pix2	5,683	3,910	5	4	6	9	3,973	18
	Pix3	9,885	14,654	3	4	9	5	4,297	29
	—	6,106	5,953	595	591	5	843	3,630	12
261 COMPLICATED APPENDECTOMY	Pix1	5,428	5,350	532	517	4	757	2,581	9
	Pix2	11,552	10,648	23	31	9	31	5,210	21
	Pix3	11,738	10,495	27	31	8	39	7,021	17
	Pix4	17,585	14,827	10	8	11	16	9,209	26
	—	3,470	3,405	1,474	1,429	2	2,312	1,511	5
262 SIMPLE APPENDECTOMY	Pix1	3,452	3,353	1,460	1,412	2	2,271	1,497	5
	Pix2	7,059	4,991	13	11	5	19	2,610	12
	Pix3	5,875	10,386	9	14	6	18	2,342	15
	Pix4	7,748	12,238	2	7	5	4	6,773	25

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CMG Description	Pix Level	Average Cost <small>*prior year inflated by 4.1%</small>		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
264 MINOR GASTROINTESTINAL PROCEDURES	—	5,219	5,777	71	64	3	104	2,290	8
	Pix1	5,154	5,475	68	59	3	95	2,314	8
	Pix2	13,802	11,028	3	3	12	3	8,286	22
	Pix3	7,162	15,547	2	7	4	2	4	34
	Pix4	32,000	45,196	4	4	22	4	13,244	59
265 ABDOMINAL LAPAROSCOPY	—	5,172	3,776	24	50	3	77	3,488	10
	Pix1	4,843	3,524	22	43	2	73	3,310	10
	Pix2	5,538	3,310	1	2	1	1	0	11
	Pix3	15,837	8,501	1	4	15	1	0	39
	Pix4	12,046	6,739	1	2	7	2	0	38
266 ANUS AND STOMAL PROCEDURES (MNRH)	—	2,903	2,984	381	403	2	773	2,083	7
	Pix1	2,835	2,977	367	394	2	735	1,916	7
	Pix2	9,801	5,588	20	10	9	26	7,196	24
	Pix3	11,259	9,260	7	10	12	8	7,638	34
	Pix4	51,732	30,882	3	1	39	4	57,113	135
269 BILATERAL HERNIA PROCEDURES	—	3,693	3,675	1,097	1,083	2	1,886	2,055	7
	Pix1	3,623	3,607	1,066	1,056	2	1,797	1,992	7
	Pix2	6,852	8,250	27	26	6	44	3,176	16
	Pix3	8,995	9,029	19	14	8	33	4,694	19
	Pix4	13,555	26,438	7	7	8	12	6,577	30
271 UNILATERAL HERNIA PROCEDURES (MNRH)	—	2,857	2,736	185	202	2	671	1,345	4
	Pix1	2,777	2,705	179	192	2	639	1,236	4
	Pix2	7,236	4,960	10	9	5	20	3,437	26
	Pix3	10,039	3,257	5	3	8	7	6,025	24
	Pix4	18,898	19,518	2	3	12	5	2,055	49
279 DIGESTIVE SYSTEM MALIGNANCY	—	7,087	7,411	373	397	9	712	5,521	36
	Pix1	5,589	5,703	252	278	7	504	4,136	27
	Pix2	11,518	9,111	66	54	14	115	10,773	44
	Pix3	9,946	12,337	36	40	13	59	7,277	45
	Pix4	16,364	17,942	23	27	21	34	13,590	72

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
281 G.I. HEMORRHAGE	—	4,299	4,341	1,276	1,242	5	2,504	3,268	14
	Pix1	3,523	3,518	1,021	1,022	4	2,054	2,101	11
	Pix2	7,883	7,427	126	105	9	208	5,259	28
	Pix3	10,222	8,283	108	78	12	145	6,673	34
	Pix4	16,492	18,017	78	64	14	97	16,186	46
285 COMPLICATED ULCER	—	4,589	4,660	92	85	5	172	3,780	18
	Pix1	3,940	3,753	74	66	4	139	3,115	17
	Pix2	11,594	6,961	11	7	14	16	9,828	38
	Pix3	10,431	9,767	8	10	7	10	14,360	35
	Pix4	15,929	16,090	4	5	16	7	7,311	46
286 UNCOMPLICATED ULCER	—	3,460	3,353	80	82	4	234	1,975	11
	Pix1	3,143	3,236	71	76	4	207	1,724	11
	Pix2	10,330	6,911	7	3	10	16	5,846	23
	Pix3	4,506	7,775	3	3	5	8	2,890	21
	Pix4	14,773	11,121	3	4	17	3	9,238	41
289 INFLAMMATORY BOWEL DISEASE	—	4,357	4,052	452	449	6	833	3,252	18
	Pix1	4,052	3,917	404	404	5	752	2,980	15
	Pix2	6,212	6,922	20	16	8	39	4,831	29
	Pix3	7,047	6,371	22	33	10	37	4,592	34
	Pix4	25,005	11,148	3	6	29	5	10,598	58
290 G.I. OBSTRUCTION	—	3,314	3,411	890	982	4	2,157	2,392	14
	Pix1	2,925	2,989	791	874	4	1,914	1,870	11
	Pix2	7,410	6,015	52	39	9	134	4,982	24
	Pix3	9,249	7,332	40	37	11	74	7,351	39
	Pix4	15,885	13,384	21	21	18	35	10,928	57
294 ESOPHAGITIS, GASTROENTERITIS AND MISCELLANEOUS DIGESTIVE DISEASE	—	3,348	3,230	3,617	3,739	4	12,033	2,669	13
	Pix1	2,899	2,806	3,124	3,210	4	10,937	2,092	10
	Pix2	6,875	5,699	274	256	8	638	5,326	24
	Pix3	6,572	5,988	161	164	8	342	4,671	27
	Pix4	15,576	14,817	70	72	18	116	11,849	55

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
297 OTHER G.I. DIAGNOSES	—	3,840	3,844	1,070	976	4	1,921	3,604	16	
	Pix1	3,229	3,091	928	816	4	1,675	2,582	13	
	Pix2	8,009	7,339	56	66	9	99	6,960	33	
	Pix3	10,210	8,978	58	65	11	89	8,349	34	
	Pix4	14,959	16,972	43	40	13	58	13,545	50	
310 LIVER TRANSPLANT	—	75,136	80,652	65	61	28	70	66,521	90	
	Pix1	30,241	39,387	12	12	13	13	7,110	27	
	Pix2	31,756	43,515	5	4	12	8	10,794	30	
	Pix3	33,412	55,304	7	5	17	8	12,845	52	
	Pix4	128,595	99,914	41	40	44	41	98,054	123	
311 MAJOR PANCREATIC PROCEDURES	—	24,976	25,019	204	178	16	241	21,132	54	
	Pix1	16,779	17,964	115	93	11	136	5,812	26	
	Pix2	21,019	19,584	26	30	14	30	11,545	47	
	Pix3	25,153	33,877	24	16	21	28	15,191	71	
	Pix4	75,519	57,453	41	43	34	47	59,510	109	
312 MAJOR HEPATOBIILIARY PROCEDURES	—	16,366	17,888	168	184	9	192	7,919	22	
	Pix1	14,329	14,570	131	135	8	140	4,746	18	
	Pix2	15,834	18,157	14	18	10	15	6,890	26	
	Pix3	26,938	22,869	16	15	17	21	8,605	42	
	Pix4	43,671	58,217	15	26	25	16	27,211	79	
313 COMMON DUCT EXPLORATION	—	13,527	19,166	27	20	12	32	8,264	49	
	Pix1	10,750	10,858	17	7	8	19	4,871	27	
	Pix2	11,201	17,245	4	3	10	6	4,673	28	
	Pix3	21,150	24,939	3	8	22	4	15,051	63	
	Pix4	56,641	25,912	3	1	30	3	59,145	54	
314 OTHER HEPATOBIILIARY AND PANCREATIC PROCEDURES	—	12,359	12,327	129	127	10	242	8,061	31	
	Pix1	9,742	8,759	80	86	8	157	5,965	23	
	Pix2	12,000	11,531	18	18	11	34	5,224	28	
	Pix3	22,188	27,075	14	15	20	20	14,361	55	
	Pix4	25,682	36,417	21	15	19	31	18,367	62	

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
315 CHOLECYSTECTOMY	—	9,535	10,069	195	187	7	352	6,251	19
	Plx1	7,885	8,387	131	128	6	258	3,405	15
	Plx2	11,061	11,446	35	33	10	47	3,057	21
	Plx3	12,343	18,450	22	16	10	30	5,489	25
	Plx4	34,102	27,399	13	13	20	17	30,023	65
317 LAPAROSCOPIC CHOLECYSTECTOMY	—	3,804	4,319	1,619	912	3	3,251	1,956	7
	Plx1	3,629	4,126	1,472	799	2	2,921	1,864	7
	Plx2	6,340	6,464	169	129	5	258	2,534	15
	Plx3	11,356	10,425	31	21	10	56	6,887	25
	Plx4	12,976	12,447	7	12	11	16	5,010	34
320 MISCELLANEOUS HEPATOBILIARY AND PANCREATIC PROCEDURES	—	12,443	13,331	56	67	11	73	11,776	35
	Plx1	8,336	9,349	42	40	7	51	4,918	20
	Plx2	23,699	8,001	3	7	20	6	6,996	31
	Plx3	20,460	11,551	7	7	23	9	8,366	47
	Plx4	49,192	36,957	4	10	28	7	37,370	84
323 CIRRHOSIS AND ALCOHOLIC HEPATITIS	—	9,253	8,507	254	207	10	428	8,207	34
	Plx1	5,056	5,635	89	77	6	181	3,098	21
	Plx2	7,503	6,308	72	64	10	115	4,129	31
	Plx3	8,970	12,184	44	39	10	66	6,680	44
	Plx4	24,711	25,143	51	33	21	66	17,699	70
324 PANCREATIC CANCER OR OTHER MALIGNANCY OF HEPATOBILIARY SYSTEM	—	7,464	8,176	329	360	10	590	5,782	39
	Plx1	6,244	7,053	180	180	8	372	4,781	33
	Plx2	8,033	7,897	83	101	10	131	5,527	37
	Plx3	9,916	10,518	38	49	13	52	7,377	47
	Plx4	11,234	13,129	29	30	13	35	8,978	52

		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
CMG Description	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
325 PANCREAS DISEASES EXCEPT MALIGNANCY	—	4,050	3,847	825	896	5	1,856	3,564	15	
	Pix1	3,409	3,395	682	752	5	1,564	2,361	14	
	Pix2	6,264	6,416	81	102	8	149	4,602	25	
	Pix3	8,906	9,426	56	55	11	95	5,713	36	
	Pix4	23,607	24,123	36	27	16	48	20,735	48	
326 LIVER DISEASES EXCEPT CIRRHOSIS OR CANCER	—	8,708	8,951	463	396	8	751	10,113	30	
	Pix1	4,694	5,010	236	201	6	423	3,682	20	
	Pix2	7,925	8,113	87	83	9	137	5,508	34	
	Pix3	8,281	8,582	50	46	8	81	7,217	38	
	Pix4	23,877	24,496	86	62	13	110	28,075	48	
329 BILIARY TRACT DISEASES	—	3,717	3,905	580	509	4	1,543	2,732	13	
	Pix1	3,007	3,322	453	403	4	1,290	2,005	10	
	Pix2	5,069	5,898	38	41	6	97	2,773	22	
	Pix3	6,052	6,289	55	41	7	116	3,952	23	
	Pix4	11,906	12,885	30	31	11	40	9,878	40	
350 MULTIPLE OR BILATERAL JOINT REPLACEMENT	—	20,920	17,120	65	62	12	78	9,615	42	
	Pix1	17,183	14,333	41	44	8	49	5,574	18	
	Pix2	18,811	.	7	.	10	12	8,074	28	
	Pix3	28,455	27,678	9	12	18	10	12,682	62	
	Pix4	56,938	47,792	5	11	50	7	24,385	172	
351 JOINT REPLACEMENT FOR TRAUMA	—	15,038	15,953	490	519	14	875	7,526	43	
	Pix1	12,664	13,607	345	338	11	609	4,479	28	
	Pix2	19,541	20,403	66	79	19	129	11,078	66	
	Pix3	20,331	19,734	31	45	19	65	9,702	68	
	Pix4	32,832	26,303	48	56	31	72	21,454	107	
352 HIP REPLACEMENT	—	11,029	10,784	1,738	1,548	6	2,841	2,735	11	
	Pix1	10,880	10,383	1,640	1,395	5	2,617	2,563	11	
	Pix2	14,738	13,802	67	63	9	105	4,664	22	
	Pix3	16,427	15,195	55	49	10	88	6,197	28	
	Pix4	23,018	24,989	19	23	18	31	12,337	51	

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		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
354 KNEE REPLACEMENT	—	9,507	9,460	2,423	1,749	5	4,027	2,261	11
	Pix1	9,411	9,318	2,309	1,650	5	3,728	2,183	11
	Pix2	12,228	12,175	89	66	8	157	4,021	18
	Pix3	13,927	13,352	45	48	9	103	5,153	22
	Pix4	21,849	20,158	17	16	18	39	7,285	42
355 REATTACHMENT PROCEDURES OR LOWER EXTREMITY OR SHOULDER AMPUTATIONS	—	9,097	14,641	64	50	9	99	6,388	40
	Pix1	7,332	9,292	47	23	7	60	3,658	21
	Pix2	11,006	14,660	11	13	13	16	6,766	49
	Pix3	23,267	19,505	4	10	22	11	18,382	68
	Pix4	64,416	52,252	8	5	44	12	56,086	127
356 REPAIR HIP AND FEMUR PROCEDURES	—	10,252	9,378	150	140	6	199	7,276	26
	Pix1	8,632	7,969	128	124	5	171	5,753	20
	Pix2	19,433	15,348	14	9	15	14	9,224	50
	Pix3	18,279	24,455	4	3	9	7	6,755	38
	Pix4	39,940	43,073	6	3	34	7	12,712	118
358 LOWER EXTREMITY PROCEDURES WITH INFECTION	—	10,062	11,387	83	64	8	132	8,278	34
	Pix1	8,143	9,053	71	47	7	105	5,372	24
	Pix2	14,559	12,343	5	11	11	10	14,366	42
	Pix3	33,612	35,457	3	2	39	4	34,256	114
	Pix4	60,314	32,784	10	5	44	13	40,728	127
359 UPPER EXTREMITY PROCEDURES WITH INFECTION	—	8,627	9,040	25	22	7	34	4,941	29
	Pix1	7,968	6,174	20	16	7	28	4,236	20
	Pix2	5,839	.	1	.	3	1	0	54
	Pix3	9,145	24,314	3	2	7	4	3,124	86
	Pix4	65,073	12,869	1	4	43	1	0	92
360 UPPER EXTREMITY AMPUTATIONS AND REVISIONS	—	20,316	14,113	51	38	17	75	18,623	66
	Pix1	11,037	7,129	27	26	9	39	7,074	32
	Pix2	22,886	27,299	10	5	18	12	19,965	78
	Pix3	22,371	49,201	5	4	15	6	15,891	86
	Pix4	91,212	61,915	10	3	56	18	113,102	138

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
361 MUSCULOSKELETAL BIOPSY FOR MALIGNANCY	—	14,117	16,016	26	28	11	39	17,712	60
	Pix1	10,263	13,100	18	22	9	26	6,658	44
	Pix2	5,152	26,822	3	3	5	5	2,572	84
	Pix3	20,478	5,304	3	1	33	4	20,265	119
	Pix4	57,075	48,065	2	1	20	4	48,745	107
362 MUSCULOSKELETAL BIOPSY WITHOUT MALIGNANCY	—	13,036	13,497	73	50	13	83	12,761	49
	Pix1	9,045	8,554	52	36	9	61	5,446	32
	Pix2	22,977	11,300	9	5	27	10	16,896	52
	Pix3	9,297	16,031	4	5	9	4	3,914	64
	Pix4	32,024	103,246	7	4	20	8	24,446	151
363 BACK AND NECK PROCEDURES WITH FUSION	—	12,981	12,645	798	775	5	981	8,921	15
	Pix1	12,117	11,446	731	679	5	884	8,068	14
	Pix2	17,544	18,536	27	52	7	38	10,048	23
	Pix3	28,702	23,877	29	31	11	31	15,417	34
	Pix4	49,120	56,653	27	19	22	28	34,825	85
365 BACK AND NECK PROCEDURES WITHOUT FUSION	—	4,877	5,394	1,066	840	3	1,178	2,638	10
	Pix1	4,562	5,020	1,005	784	2	1,125	2,061	7
	Pix2	10,312	9,190	34	28	7	38	6,459	24
	Pix3	11,218	12,265	6	12	7	8	6,593	30
	Pix4	23,155	19,640	7	1	18	7	13,745	48
367 SHOULDER ARTHROPLASTY	—	9,023	9,147	124	82	3	197	2,414	8
	Pix1	8,940	9,132	121	80	3	192	2,359	8
	Pix2	11,107	12,836	2	3	6	2	2,170	14
	Pix3	23,402	9,155	2	1	17	3	12,000	40
368 MAJOR HIP AND KNEE PROCEDURES	—	7,155	7,204	17	18	3	25	4,047	14
	Pix1	7,155	6,645	17	17	3	23	4,047	14
	Pix2	36,750	16,704	2	1	23	2	9,103	50
	Pix4	.	25,498	.	1	0	0	0	0

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
CMG Description 369 MAJOR LOWER EXTREMITY PROCEDURES	—	7,733	6,138	325	324	3	491	4,360	8	
	Pix1	7,775	6,190	322	324	3	477	4,382	10	
	Pix2	13,204	9,823	5	6	7	6	5,976	18	
	Pix3	8,642	12,655	5	4	5	6	4,235	16	
	Pix4	14,272	.	1	.	7	2	0	69	
372 MAJOR UPPER EXTREMITY PROCEDURES	—	5,113	5,265	120	178	2	235	2,358	7	
	Pix1	4,897	5,126	113	173	2	233	2,173	4	
	Pix2	9,254	13,347	2	4	5	2	810	21	
	Pix3	.	8,578	.	2	0	0	0	0	
374 MINOR LOWER EXTREMITY PROCEDURES	—	4,426	4,434	422	396	2	1,442	2,068	4	
	Pix1	4,407	4,425	419	393	2	1,432	2,029	4	
	Pix2	12,681	7,882	4	4	6	5	10,391	17	
	Pix3	17,074	15,538	4	3	14	5	6,763	27	
	Pix4	.	17,283	.	2	0	0	0	0	
375 MINOR UPPER EXTREMITY PROCEDURES	—	2,608	3,106	814	247	1	1,462	912	1	
	Pix1	2,609	3,106	813	247	1	1,458	912	1	
	Pix2	5,217	7,723	3	3	3	3	3,936	20	
	Pix3	5,151	.	1	.	3	1	0	9	
376 MISCELLANEOUS MUSCULOSKELETAL PROCEDURES	—	7,700	8,294	189	156	3	237	4,975	10	
	Pix1	7,631	8,222	180	152	3	223	4,912	10	
	Pix2	13,094	23,101	7	5	7	7	8,357	36	
	Pix3	4,222	21,458	2	1	4	2	3,740	33	
	Pix4	34,587	29,865	3	2	17	5	26,038	59	
377 WOUND DEBRIDEMENT AND SKIN GRAFT FOR MUSCULOSKELETAL DISORDERS	—	9,876	10,436	167	151	7	213	10,466	31	
	Pix1	7,140	7,584	137	124	4	173	6,873	19	
	Pix2	20,480	17,368	12	10	14	15	12,640	54	
	Pix3	20,293	23,371	7	8	20	9	13,209	49	
	Pix4	71,492	67,451	16	10	48	16	34,004	146	

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CMG Description	Plx Level	Average Cost <small>*prior year inflated by 4.1%</small>		Costed Cases		Metrics 2005/2006				
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
378 SOFT TISSUE PROCEDURES (MNRH)	—	6,126	6,389	57	65	4	84	5,366	19	
	Plx1	4,967	5,057	51	55	3	75	3,745	13	
	Plx2	.	12,666	.	6	0	0	0	0	
	Plx3	16,229	13,031	3	3	9	5	10,524	27	
	Plx4	11,604	28,054	1	2	9	1	0	51	
379 OTHER MUSCULOSKELETAL PROCEDURES (MNRH)	—	6,067	6,084	456	400	3	795	5,395	7	
	Plx1	5,939	4,021	449	332	3	763	5,181	7	
	Plx2	17,154	10,229	7	9	6	12	11,067	18	
	Plx3	18,491	24,739	5	1	15	7	9,428	52	
	Plx4	53,947	52,326	10	8	26	13	57,577	94	
380 OTHER LOWER EXTREMITY PROCEDURES (MNRH)	—	1,821	1,726	270	251	1	524	748	1	
	Plx1	1,821	1,726	270	251	1	519	748	1	
	Plx2	4,843	3,560	2	1	6	4	4,044	22	
	—	3,098	2,974	86	70	1	166	1,223	1	
	Plx1	3,118	2,974	85	70	1	162	1,216	1	
381 HAND AND WRIST PROCEDURES (MNRH)	Plx2	4,741	.	2	.	6	3	4,791	10	
	Plx3	7,710	70,216	1	1	8	1	0	121	
	—	3,012	4,262	13	7	2	25	3,111	8	
	Plx1	2,175	1,630	12	5	2	21	796	6	
	Plx3	13,051	11,095	1	1	7	1	0	14	
382 ARTHROSCOPY (MNRH)	Plx4	.	12,219	.	1	0	0	0	0	
	—	21,619	25,614	17	16	17	23	10,998	53	
	Plx1	15,649	19,970	12	7	11	18	5,394	28	
	Plx2	36,957	25,441	2	7	26	2	10,834	63	
	Plx3	40,182	49,364	1	2	24	1	0	63	
383 JOINT REPLACEMENT FOR MALIGNANCY	Plx4	45,929	41,273	2	1	57	2	16,544	158	
	—	34,038	28,229	37	13	20	41	27,607	74	
	Plx1	21,223	15,587	20	7	11	21	13,318	32	
	Plx2	36,257	57,249	8	2	27	8	12,415	72	
	Plx3	72,347	15,257	4	2	73	4	42,066	182	
384 BACK AND NECK PROCEDURES FOR MALIGNANCY	Plx4	68,185	119,394	7	3	37	8	43,446	122	

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
385 MAJOR ORTHOPAEDIC ONCOLOGY PROCEDURES	—	22,243	16,472	10	12	9	18	15,831	32	
	Pix1	12,305	12,423	5	9	5	13	6,882	17	
	Pix2	25,852	4,779	3	1	10	4	16,345	37	
	Pix3		31,919		1	0	0	0	0	
	Pix4	52,716	49,158	1	1	20	1	0	53	
386 OTHER ORTHOPAEDIC ONCOLOGY PROCEDURES	—	10,799	13,431	52	44	6	79	8,253	23	
	Pix1	9,341	12,592	45	36	5	72	6,707	17	
	Pix2	4,864	7,594	1	4	1	3	0	15	
	Pix3	21,983	37,643	3	2	12	3	15,786	62	
	Pix4	25,066	24,248	1	1	19	1	0	98	
391 SECONDARY NEOPLASMS AND PATHOLOGICAL FRACTURES	—	11,195	10,896	277	333	15	651	9,063	54	
	Pix1	9,517	8,472	186	201	14	469	7,195	44	
	Pix2	12,960	13,018	51	71	18	100	9,039	58	
	Pix3	11,997	16,818	22	42	17	48	11,535	62	
	Pix4	25,639	29,015	17	25	26	34	19,211	103	
392 OSTEOMYELITIS	—	13,241	11,121	67	63	14	136	10,671	50	
	Pix1	8,766	6,750	32	35	10	81	6,058	34	
	Pix2	14,260	18,749	11	9	20	19	8,833	81	
	Pix3	15,983	11,217	14	12	19	20	7,792	53	
	Pix4	27,908	22,357	13	4	27	16	20,956	135	
393 RHEUMATOID ARTHRITIS	—	8,246	8,115	53	73	8	145	10,514	30	
	Pix1	5,945	5,386	40	51	7	110	6,169	21	
	Pix2	17,601	6,766	4	9	24	17	10,181	58	
	Pix3	14,964	5,758	9	4	14	14	14,472	57	
	Pix4	34,163	25,326	2	7	16	4	36,619	73	
394 SEPTIC ARTHRITIS	—	5,638	6,304	27	40	7	80	5,314	26	
	Pix1	3,219	5,521	19	33	4	62	2,378	20	
	Pix2	9,434	23,142	2	1	13	3	7,306	48	
	Pix3	10,453	9,176	4	5	12	10	6,858	36	
	Pix4	33,090	19,841	5	3	28	5	18,934	102	

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
397 NON-INFLAMMATORY ARTHRITIS	—	5,537	5,621	44	51	8	236	4,631	33
	Pix1	5,485	4,928	38	43	8	204	4,896	27
	Pix2	6,301	9,634	5	4	11	18	2,674	59
	Pix3	17,620	14,102	3	5	26	9	12,097	115
	Pix4	49,233	25,631	2	2	67	5	11,501	91
398 OTHER INFLAMMATORY ARTHRITIS	—	6,832	5,480	275	267	7	640	10,051	24
	Pix1	4,620	4,408	189	191	6	477	3,368	18
	Pix2	9,322	6,990	35	40	11	77	8,948	37
	Pix3	10,994	13,610	39	32	12	56	10,615	59
	Pix4	30,353	25,071	26	17	22	30	28,353	66
399 ORTHOPAEDIC AFTERCARE	—	5,200	6,686	202	165	7	453	4,928	32
	Pix1	4,060	4,782	155	116	5	362	3,522	25
	Pix2	10,680	14,801	22	22	16	40	7,990	74
	Pix3	12,637	12,479	25	25	19	37	11,384	72
	Pix4	13,265	13,859	6	11	21	14	13,037	92
401 OTHER MUSCULOSKELETAL MALIGNANCIES	—	5,374	11,114	16	22	5	42	5,532	32
	Pix1	3,743	5,959	10	16	3	28	2,617	20
	Pix2	7,656	15,873	4	3	7	11	10,302	50
	Pix3	8,964	7,072	2	1	12	3	2,401	40
	Pix4	.	47,243	.	2	0	0	0	0
402 DISC DISEASE	—	5,205	5,401	196	200	8	767	4,300	27
	Pix1	4,757	4,918	174	175	7	689	3,661	24
	Pix2	10,347	14,639	16	20	17	47	8,991	69
	Pix3	15,552	15,955	5	13	20	17	15,961	89
	Pix4	13,920	24,820	5	12	23	14	8,300	115
404 OTHER MUSCULOSKELETAL INFECTIONS	—	6,207	.	1	.	7	1	0	34
	Pix1	6,207	.	1	.	7	1	0	34
407 OTHER MUSCULOSKELETAL DISORDERS	—	5,643	5,842	49	55	6	138	5,499	22
	Pix1	4,114	3,850	38	43	5	109	2,802	14
	Pix2	4,321	5,963	3	5	6	7	639	33
	Pix3	18,451	6,472	4	1	19	14	16,155	39
	Pix4	49,134	36,062	6	10	40	8	46,554	126

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
CMG	Description	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
409	BACK PAIN (MNRH)	—	3,593	3,903	211	220	5	951	2,726	17
		Pix1	2,905	3,242	171	189	4	832	2,166	14
		Pix2	6,697	7,518	26	14	10	86	3,841	38
		Pix3	6,431	11,560	8	13	8	19	3,255	50
		Pix4	24,516	13,636	5	7	34	14	16,767	92
411	SIGNS, SYMPTOMS AND DEFORMITIES (MNRH)	—	4,190	4,426	142	133	6	428	3,177	20
		Pix1	3,712	4,086	124	114	5	376	2,524	17
		Pix2	7,087	7,452	10	16	9	33	6,256	36
		Pix3	7,553	10,165	5	7	9	16	5,742	52
		Pix4	37,697	14,803	3	1	50	3	41,236	187
413	JOINT DERANGEMENTS (MNRH)	—	3,111	4,414	46	37	4	135	2,313	16
		Pix1	2,672	3,473	42	26	3	123	1,535	13
		Pix2	17,620	5,619	2	6	21	5	8,214	37
		Pix3	6,349	5,513	3	2	8	6	3,802	28
		Pix4	13,752	.	1	.	20	1	0	67
414	SPRAINS STRAINS AND MINOR INJURIES (MNRH)	—	3,747	3,282	51	37	5	153	3,018	19
		Pix1	3,095	2,718	44	35	4	139	2,558	16
		Pix2	12,419	.	3	.	16	6	7,314	42
		Pix3	6,601	.	3	.	9	6	3,526	29
		Pix4	8,186	12,743	1	1	12	2	0	39
425	SKIN GRAFT AND WOUND DEBRIDEMENT FOR DERMATOLOGIC DIS EXCEPT ULCER OR CELLULITIS	—	4,134	4,381	478	478	1	1,351	2,029	4
		Pix1	4,073	4,320	470	467	1	1,302	1,965	4
		Pix2	10,378	12,898	13	22	7	31	4,707	20
		Pix3	16,587	7,004	6	2	10	13	9,713	20
		Pix4	58,174	24,933	4	4	18	5	70,437	54
427	SKIN GRAFT AND WOUND DEBRIDEMENT FOR SKIN ULCER OR CELLULITIS	—	16,753	33,553	48	39	20	64	14,684	113
		Pix1	13,608	13,143	38	22	16	45	11,873	57
		Pix2	24,174	58,984	5	4	32	6	20,956	172
		Pix3	26,740	54,258	2	1	29	6	3,348	109
		Pix4	75,779	60,422	4	11	73	7	78,606	179

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006					
CMG	Description	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
428	BREAST PROCEDURES EXCEPT BIOPSY AND LOCAL EXCISION WITHOUT MALIGNANCY	—	5,122	3,945	71	94	2	161	2,404	4	
		Pix1	5,112	3,942	69	93	2	157	2,432	4	
		Pix2	6,531	4,267	1	1	1	3	0	7	
		Pix3	4,378	26,619	1	1	2	1	0	13	
429	TOTAL MASTECTOMY FOR BREAST MALIGNANCY	—	4,262	4,376	685	735	2	942	1,647	4	
		Pix1	4,200	4,359	662	726	2	898	1,627	4	
		Pix2	7,239	7,970	29	11	4	37	2,728	17	
		Pix3	6,071	9,957	2	5	4	4	917	17	
		Pix4	33,565	.	2	.	33	3	12,225	77	
432	SUBTOTAL MASTECTOMY AND OTHER BREAST PROCEDURES FOR MALIGNANCY	—	3,709	3,757	554	595	1	752	1,368	4	
		Pix1	3,686	3,744	545	591	1	737	1,353	4	
		Pix2	5,067	5,706	9	4	2	14	1,694	9	
		Pix3	.	14,552	.	3	0	0	0	0	
		Pix4	110,830	.	1	.	119	1	0	214	
434	BREAST BIOPSY AND LOCAL EXCISION WITHOUT MALIGNANCY	—	2,646	2,751	40	30	1	90	992	1	
		Pix1	2,583	2,755	39	29	1	86	921	1	
		Pix2	5,104	2,647	1	1	1	4	0	7	
		Pix3	.	4,326	.	1	0	0	0	0	
435	PERIANAL AND PILONIDAL CYST PROCEDURES	—	3,312	3,460	49	26	3	136	2,204	7	
		Pix1	3,048	3,467	43	25	2	123	2,001	7	
		Pix2	6,663	3,280	7	1	7	10	4,335	35	
		Pix3	10,095	.	2	.	14	3	6,338	43	
		Pix4	.	78,963	.	3	0	0	0	0	0
436	PLASTIC SURGERY	—	3,701	3,702	35	27	2	119	1,661	4	
		Pix1	3,701	3,702	35	27	2	112	1,661	4	
		Pix2	.	26,852	.	1	0	0	0	0	0
		Pix3	20,739	.	2	.	17	3	17,284	53	

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
437 OTHER DERMATOLOGICAL PROCEDURES WITHOUT MALIGNANCY OR SKIN ULCER OR CELLULITIS	—	4,990	4,801	166	143	3	280	4,859	13
	Pix1	4,520	4,016	156	123	3	265	4,476	10
	Pix2	9,762	9,050	5	11	8	10	5,516	22
	Pix3	19,878	21,533	1	6	17	3	0	61
	Pix4	29,971	40,326	2	4	23	2	17,315	70
438 OTHER DERMATOLOGICAL PROCEDURES FOR MALIGNANCY OR SKIN ULCER OR CELLULITIS	—	10,491	11,129	121	113	10	190	8,996	47
	Pix1	7,121	6,915	85	84	6	144	5,943	25
	Pix2	14,323	19,465	13	10	17	17	8,437	66
	Pix3	34,595	22,710	8	6	37	10	26,303	135
	Pix4	29,382	41,801	14	11	30	19	19,323	157
439 SKIN ULCER	—	15,499	15,701	74	54	19	211	15,286	72
	Pix1	11,046	11,345	33	28	14	118	13,367	59
	Pix2	27,032	12,845	17	6	30	37	23,871	110
	Pix3	10,746	16,016	16	15	14	38	7,378	64
	Pix4	41,851	42,575	12	5	54	18	30,709	139
440 MAJOR SKIN DISORDERS	—	6,915	5,043	61	53	7	145	7,400	23
	Pix1	4,504	4,266	43	45	6	114	3,201	20
	Pix2	16,681	7,336	5	4	20	10	14,102	40
	Pix3	6,689	14,257	7	5	10	11	2,974	35
	Pix4	21,644	121,300	8	1	13	10	15,116	60
443 MALIGNANT BREAST DISORDERS	—	12,429	8,794	37	26	17	89	9,759	52
	Pix1	13,094	5,696	9	11	17	37	6,583	41
	Pix2	9,131	8,951	17	9	14	34	7,989	52
	Pix3	11,195	6,253	6	1	16	10	8,625	68
	Pix4	23,920	15,836	5	5	26	8	14,412	72
446 NON-MALIGNANT BREAST DISORDERS	—	2,451	2,108	26	15	2	60	1,595	7
	Pix1	2,394	2,108	24	15	2	58	1,644	7
	Pix2	2,701	.	1	.	3	1	0	5
	Pix3	3,580	.	1	.	6	1	0	6

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
447 CELLULITIS	—	5,158	4,797	734	708	7	2,012	3,870	21	
	Pix1	4,111	4,014	545	540	6	1,640	2,563	15	
	Pix2	8,860	7,012	92	92	13	186	5,671	32	
	Pix3	8,688	8,347	77	60	11	147	6,506	35	
	Pix4	14,668	16,389	28	25	18	39	10,531	74	
452 TRAUMA OF SKIN, SUBCUTANEOUS TISSUE AND BREAST	—	3,089	3,500	87	76	3	317	2,131	13	
	Pix1	2,944	2,945	80	60	3	293	2,062	10	
	Pix2	8,704	6,134	8	7	10	17	7,619	35	
	Pix3	4,604	4,774	1	5	8	7	0	28	
	Pix4	.	3,262	.	1	0	0	0	0	
454 MINOR SKIN DISORDERS	—	3,716	3,870	130	146	4	400	3,497	13	
	Pix1	3,299	3,331	116	129	4	364	2,599	13	
	Pix2	8,340	9,658	8	9	6	14	9,111	34	
	Pix3	9,164	20,972	9	7	10	16	6,057	42	
	Pix4	44,804	16,143	2	6	16	6	21,993	86	
476 ADRENAL AND PITUITARY PROCEDURES	—	10,164	11,218	99	88	5	108	4,883	15	
	Pix1	8,967	9,034	83	68	4	92	3,250	9	
	Pix2	15,510	25,694	11	10	8	11	8,382	29	
	Pix3	61,898	22,518	1	5	48	1	0	50	
	Pix4	71,296	28,781	3	6	35	4	72,510	68	
477 PARATHYROID PROCEDURES	—	5,128	4,507	123	135	2	161	3,764	7	
	Pix1	4,609	4,327	114	125	2	149	2,387	4	
	Pix2	17,244	8,053	3	5	11	6	13,828	18	
	Pix3	17,865	7,430	4	5	8	6	11,884	25	
	Pix4	.	50,298	.	2	0	0	0	0	
478 OBESITY PROCEDURES	—	8,182	7,180	126	106	3	379	4,071	10	
	Pix1	7,679	6,894	119	101	3	364	2,930	7	
	Pix2	20,663	8,275	1	2	10	8	0	12	
	Pix3	8,640	12,224	2	2	5	5	6,063	19	
	Pix4	27,637	29,405	2	2	9	2	7,013	42	

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CMG Description	Plx Level	Average Cost <small>*prior year inflated by 4.1%</small>		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
479 THYROID PROCEDURES	—	4,379	4,528	783	703	2	1,052	1,954	4
	Pix1	4,344	4,499	774	693	2	1,024	1,920	4
	Pix2	11,323	7,363	7	3	5	11	5,228	17
	Pix3	11,033	8,937	11	13	7	15	5,310	15
	Pix4	11,233	28,173	2	5	6	2	5,780	48
480 THYROID GLASSAL PROCEDURES	—	3,022	2,586	10	6	1	12	815	4
	Pix1	3,114	2,586	9	6	1	11	808	4
	Pix2	2,196	.	1	.	1	1	0	1
482 OTHER ENDOCRINE, NUTRITION AND METABOLIC PROCEDURES	—	25,528	27,679	106	89	8	131	21,171	44
	Pix1	24,403	26,718	77	57	5	87	20,575	23
	Pix2	24,986	25,211	6	6	13	10	27,241	63
	Pix3	15,616	24,268	10	12	10	11	10,660	53
	Pix4	66,681	45,648	19	15	37	23	47,874	112
483 DIABETES	—	4,721	4,395	935	955	5	2,821	4,476	20
	Pix1	3,499	3,161	669	690	4	2,145	2,948	17
	Pix2	7,458	7,226	118	126	9	322	5,974	31
	Pix3	7,751	7,116	107	89	8	238	5,523	30
	Pix4	17,980	17,622	75	78	17	116	13,689	67
485 NUTRITIONAL AND MISCELLANEOUS METABOLIC DISORDERS	—	5,316	4,999	894	934	6	2,168	4,878	20
	Pix1	3,814	3,773	568	600	4	1,598	3,131	14
	Pix2	7,133	6,932	154	180	9	309	5,762	29
	Pix3	8,592	7,999	117	114	10	181	6,789	36
	Pix4	15,705	12,292	48	51	14	80	14,423	62
487 CYSTIC FIBROSIS	—	15,671	14,857	100	82	12	113	9,398	28
	Pix1	15,892	16,004	68	48	12	75	10,002	30
	Pix2	12,976	13,902	10	11	11	12	4,782	30
	Pix3	17,055	12,674	20	18	14	23	9,153	27
	Pix4	7,793	26,689	2	8	9	3	2,412	43

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
CMG Description	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
488 INBORN ERRORS OF METABOLISM	—	10,726	17,190	31	37	5	64	10,238	20	
	Pix1	11,217	18,152	24	28	5	51	10,451	17	
	Pix2	16,633	3,896	3	4	9	4	11,818	24	
	Pix3	3,350	22,437	4	5	4	6	2,888	32	
	Pix4	44,041	81,158	3	2	27	3	6,985	87	
489 ENDOCRINE DISORDERS	—	5,073	4,799	129	132	6	344	5,735	19	
	Pix1	3,807	3,942	101	105	5	296	3,089	16	
	Pix2	10,348	9,526	20	19	12	29	10,725	46	
	Pix3	7,676	12,017	6	9	11	9	4,145	56	
	Pix4	17,863	39,637	7	5	17	10	11,958	87	
500 KIDNEY TRANSPLANT	—	23,009	24,578	129	123	11	138	11,638	27	
	Pix1	16,765	17,140	71	65	8	81	4,340	13	
	Pix2	27,663	18,865	19	11	12	19	13,218	26	
	Pix3	25,461	31,856	18	21	13	19	7,933	26	
	Pix4	52,813	48,962	17	25	24	19	26,142	60	
501 URINARY DIVERSION AND AUGMENTATION	—	19,113	17,472	115	101	13	126	9,371	32	
	Pix1	14,909	15,013	74	69	10	80	4,846	22	
	Pix2	23,019	21,699	12	11	15	12	11,417	37	
	Pix3	24,448	21,438	11	7	17	11	11,042	43	
	Pix4	37,734	33,711	21	18	24	23	21,137	65	
502 RADICAL PROSTATECTOMY	—	7,712	7,809	636	625	4	670	1,837	9	
	Pix1	7,562	7,760	600	607	3	644	1,726	6	
	Pix2	10,320	9,422	8	11	6	12	3,467	10	
	Pix3	10,423	10,411	7	7	8	8	2,442	17	
	Pix4	12,421	12,955	6	2	8	6	2,471	26	
503 DIALYSIS PROCEDURES	—	8,473	10,732	138	142	6	156	12,883	40	
	Pix1	2,784	3,106	96	74	1	121	2,008	7	
	Pix2	14,019	12,165	14	22	10	15	16,509	40	
	Pix3	18,919	26,296	6	9	13	8	11,077	68	
	Pix4	93,708	58,811	11	15	73	12	57,396	212	

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
504 MAJOR URINARY TRACT PROCEDURES	—	8,609	8,826	633	608	5	780	4,611	15
	Plx1	8,077	8,331	564	541	4	674	4,075	12
	Plx2	11,561	12,888	43	33	6	54	6,193	20
	Plx3	17,052	12,340	20	23	11	31	9,717	25
	Plx4	43,811	47,089	19	22	27	21	33,891	78
505 RECONSTRUCTIVE UROLOGICAL PROCEDURES	—	4,858	5,463	34	45	3	56	2,478	13
	Plx1	4,858	5,036	34	41	3	53	2,478	13
	Plx2	.	13,173	.	5	0	0	0	0
	Plx4	18,270	63,430	1	3	17	1	0	63
506 OPEN PROSTATECTOMY	—	6,454	8,191	17	8	5	19	1,925	12
	Plx1	6,211	7,163	16	6	5	18	1,698	12
	Plx2	10,344	12,298	1	1	8	1	0	14
	Plx3	.	10,252	.	1	0	0	0	0
	Plx4	.	22,992	.	1	0	0	0	0
507 VASCULAR AND OTHER URINARY PROCEDURES	—	15,632	23,357	28	21	9	34	15,759	41
	Plx1	7,063	11,433	16	10	4	20	5,863	14
	Plx2	16,902	14,075	3	1	17	3	4,352	44
	Plx3	7,796	7,900	1	1	8	2	0	41
	Plx4	43,291	51,795	9	10	26	9	26,258	112
508 MINOR UPPER URINARY TRACT PROCEDURES	—	7,222	7,341	239	198	3	324	4,300	14
	Plx1	6,416	6,560	214	174	3	280	2,960	8
	Plx2	16,940	8,391	7	3	10	13	8,295	28
	Plx3	14,685	13,331	14	13	10	24	9,328	30
	Plx4	20,774	38,541	6	8	13	7	6,667	74
509 MINOR LOWER URINARY TRACT PROCEDURES	—	5,106	5,882	139	97	3	213	2,614	10
	Plx1	4,900	5,875	133	96	3	199	2,386	7
	Plx2	7,965	8,396	3	2	3	10	3,144	24
	Plx3	14,523	39,491	1	2	6	3	0	54
	Plx4	17,954	.	1	.	11	1	0	64

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
CMG Description	Pix Level									
510 TRANSURETHRAL PROSTATECTOMY	—	3,442	3,500	747	667	2	1,640	1,367	7	
	Pix1	3,361	3,401	723	638	2	1,561	1,251	7	
	Pix2	7,341	7,921	21	26	6	41	3,680	15	
	Pix3	10,857	6,447	18	14	12	29	6,211	37	
	Pix4	10,601	17,694	6	7	9	9	2,144	52	
512 OTHER TRANSURETHRAL OR BIOPSY PROCEDURES (MNRH)	—	2,238	2,217	1,199	1,086	1	2,043	972	4	
	Pix1	2,229	2,203	1,183	1,073	1	1,973	969	4	
	Pix2	6,282	6,756	23	15	5	38	4,634	22	
	Pix3	8,066	4,706	10	9	7	23	6,226	33	
	Pix4	27,396	27,514	6	9	31	9	11,609	94	
514 MISCELLANEOUS URINARY TRACT PROCEDURES (MNRH)	—	2,161	2,239	6	14	2	14	1,418	7	
	Pix1	2,161	2,239	6	14	2	14	1,418	7	
520 RENAL FAILURE WITH DIALYSIS	—	19,803	20,355	118	131	17	182	15,919	61	
	Pix1	14,080	12,991	53	44	14	78	10,860	50	
	Pix2	18,317	14,327	19	24	16	31	17,731	52	
	Pix3	24,915	23,146	14	30	19	28	15,984	63	
	Pix4	30,347	37,603	33	35	24	45	22,236	92	
521 RENAL FAILURE WITHOUT DIALYSIS	—	7,035	7,379	609	567	9	1,327	6,298	33	
	Pix1	4,896	5,130	328	340	6	752	3,536	21	
	Pix2	7,382	7,272	109	110	10	269	4,911	34	
	Pix3	8,685	10,555	98	68	11	183	5,997	41	
	Pix4	17,727	22,773	70	51	18	123	17,821	75	
522 URINARY NEOPLASM	—	8,857	8,624	142	153	11	360	7,527	45	
	Pix1	6,404	6,304	68	71	7	207	6,549	29	
	Pix2	11,591	9,366	41	47	16	97	7,692	50	
	Pix3	12,134	10,981	18	19	17	33	10,551	62	
	Pix4	11,647	19,258	17	17	15	23	8,045	80	

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
524 NEPHROTIC SYNDROME	—	3,123	4,547	32	33	3	58	2,040	17
	Pix1	2,808	3,876	28	26	3	45	1,868	13
	Pix2	20,181	4,673	1	1	22	2	0	28
	Pix3	7,140	7,435	5	6	8	9	4,418	29
	Pix4	25,384	11,695	2	1	21	2	15,993	52
525 NEPHROPATHY WITHOUT NEPHROTIC SYNDROME	—	5,648	5,812	45	50	6	73	5,322	23
	Pix1	3,605	3,762	27	30	3	50	2,802	11
	Pix2	4,660	5,408	3	3	4	6	2,132	20
	Pix3	8,616	9,892	12	11	8	14	7,408	23
	Pix4	18,848	8,730	2	4	24	3	2,096	76
526 MISCELLANEOUS NEPHROLOGICAL DIAGNOSIS	—	9,467	4,332	14	14	8	22	8,559	28
	Pix1	6,248	3,946	9	13	7	15	5,777	19
	Pix2	.	14,031	.	1	0	0	0	0
	Pix3	18,383	.	3	.	12	3	13,149	21
	Pix4	10,577	9,361	2	1	9	4	2,299	44
527 UPPER URINARY TRACT INFECTION	—	3,639	3,992	402	431	4	1,058	2,173	11
	Pix1	3,578	3,793	359	376	4	946	2,130	11
	Pix2	4,841	6,584	27	26	6	54	3,302	21
	Pix3	5,366	5,356	21	30	7	44	4,136	25
	Pix4	21,603	16,433	9	15	19	14	8,482	46
529 LOWER URINARY TRACT INFECTION	—	5,090	5,230	1,046	989	6	2,308	3,715	18
	Pix1	4,080	4,039	721	664	5	1,752	2,540	14
	Pix2	7,128	6,361	146	143	9	276	5,328	28
	Pix3	8,475	6,123	138	99	10	191	6,019	31
	Pix4	16,633	16,659	78	72	18	89	14,321	49
532 URINARY RETENTION AND OTHER FUNCTIONAL DISORDERS OF BLADDER	—	3,191	3,580	112	95	4	268	3,346	16
	Pix1	2,710	3,307	93	83	3	229	3,114	13
	Pix2	6,477	4,806	12	7	9	22	5,064	33
	Pix3	5,331	10,204	6	6	9	16	4,599	34
	Pix4	31,940	28,262	1	1	46	1	0	93

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
534 MISCELLANEOUS UROLOGICAL DIAGNOSES (MNRH)	—	3,097	2,867	132	132	3	253	2,947	13
	Pix1	2,895	2,575	122	116	3	225	2,831	10
	Pix2	6,971	4,958	9	10	8	15	5,507	24
	Pix3	16,885	8,336	5	5	18	9	13,154	41
	Pix4	23,717	.	3	.	20	4	1,323	67
535 HEMATURIA (MNRH)	—	2,719	3,115	127	118	3	269	2,268	16
	Pix1	2,259	2,625	113	101	3	239	1,551	13
	Pix2	6,651	6,777	9	11	8	18	5,933	26
	Pix3	9,982	7,066	4	7	13	7	5,337	34
	Pix4	11,971	14,692	4	5	14	5	5,335	45
536 URINARY OBSTRUCTION (MNRH)	—	2,268	2,143	677	719	2	1,953	1,611	7
	Pix1	2,216	2,057	650	685	2	1,878	1,560	7
	Pix2	4,541	3,838	15	15	5	37	4,144	20
	Pix3	7,907	5,261	19	23	6	28	11,555	23
	Pix4	19,761	18,192	6	4	15	10	16,435	68
538 ADMISSION FOR DIALYSIS (MNRH)	—	3,084	5,022	4	1	3	5	2,851	19
	Pix1	1,698	5,022	3	1	2	4	815	18
	Pix3	7,243	.	1	.	7	1	0	7
550 MAJOR PELVIC AND RETROPERITONEUM PROCEDURES	—	11,166	12,672	2	3	7	2	5,521	28
	Pix1	11,166	12,672	2	3	7	2	5,521	13
	Pix2	.	45,455	.	1	0	0	0	0
551 PENIS PROCEDURES	—	3,796	3,570	95	75	1	133	2,100	4
	Pix1	3,800	3,563	93	74	1	125	2,116	4
	Pix2	24,900	4,137	3	1	16	3	25,118	34
	Pix3	9,138	.	2	.	7	3	2,268	10
	Pix4	4,775	.	1	.	3	2	0	225

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006					
CMG	Description	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
552	TESTES PROCEDURES	—	2,836	2,944	107	115	1	156	1,337	4	
		Pix1	2,836	2,930	107	113	1	148	1,337	4	
		Pix2	8,478	2,867	2	1	8	3	213	33	
		Pix3	9,161	23,248	2	2	9	2	968	84	
		Pix4	24,052	77,772	3	5	19	3	4,002	56	
554	MISCELLANEOUS MALE REPRODUCTIVE SYSTEM PROCEDURES (MNRH)	—	2,266	2,226	68	71	1	196	1,472	1	
		Pix1	2,266	2,177	68	70	1	188	1,472	1	
		Pix2	6,129	.	3	.	7	7	3,519	14	
		Pix4	24,377	30,883	1	4	19	1	0	65	
		—	1,780	2,335	8	8	1	56	449	1	
Pix1	1,780	2,335	8	8	1	55	449	1			
560	MALIGNANCY OF MALE REPRODUCTIVE ORGAN	—	7,249	10,246	9	5	5	12	8,615	31	
		Pix1	3,685	6,216	6	3	3	9	2,654	18	
		Pix2	2,765	.	1	.	3	1	0	19	
		Pix3	.	10,278	.	1	0	0	0	0	
		Pix4	28,171	.	1	.	6	2	0	39	
561	MALE REPRODUCTIVE SYSTEM INFLAMMATION	—	3,286	3,482	45	41	5	132	2,449	14	
		Pix1	2,523	3,408	36	37	3	116	1,773	11	
		Pix2	3,226	2,988	2	3	7	8	346	18	
		Pix3	5,372	7,693	2	1	8	4	3,499	16	
		Pix4	7,983	.	3	.	11	4	457	21	
562	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	—	1,650	2,474	4	9	1	18	325	13	
		Pix1	1,650	2,474	4	9	1	17	325	11	
563	MISCELLANEOUS MALE REPRODUCTIVE SYSTEM DIAGNOSES (MNRH)	—	2,054	1,962	6	5	2	17	1,170	19	
		Pix1	2,054	1,962	6	5	2	13	1,170	13	
575	PELVIC EXENTERATION	—	20,714	24,887	2	1	15	2	8,081	31	
		Pix1	15,000	24,887	1	1	13	1	0	17	
		Pix2	26,428	.	1	.	16	1	0	16	
		Pix4	.	48,994	.	1	0	0	0	0	0

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
576 RADICAL HYSTERECTOMY AND VULVECTOMY	—	8,415	8,794	63	64	5	69	2,833	13
	Pix1	8,345	8,425	61	55	5	66	2,817	10
	Pix2		10,708		6	0	0	0	0
	Pix3	10,529	9,510	2	1	7	2	3,506	14
	Pix4	57,096	51,503	1	4	31	1	0	103
577 MAJOR GYNECOLOGICAL PROCEDURES FOR OVARIAN OR ADNEXAL MALIGNANCY	—	8,759	8,848	195	199	6	223	3,524	16
	Pix1	7,865	7,853	152	146	5	175	2,646	12
	Pix2	10,817	9,375	24	18	7	27	4,923	17
	Pix3	13,321	11,452	13	23	11	14	3,217	22
	Pix4	23,099	22,201	7	16	16	7	19,035	49
578 MAJOR GYNECOLOGICAL PROCEDURES FOR MALIGNANCY EXCEPT OVARIAN OR ADNEXAL	—	6,672	6,460	330	300	4	420	2,915	9
	Pix1	6,272	6,176	292	269	4	364	2,616	9
	Pix2	9,232	8,295	18	16	6	22	3,364	11
	Pix3	11,433	10,222	21	14	8	25	4,511	17
	Pix4	18,349	18,263	7	8	12	9	6,920	39
579 MAJOR UTERINE AND ADNEXAL PROCEDURES WITHOUT MALIGNANCY	—	4,671	4,505	3,994	4,080	3	5,908	1,740	8
	Pix1	4,606	4,450	3,888	3,975	3	5,719	1,671	8
	Pix2	7,499	6,826	73	70	5	107	2,719	13
	Pix3	8,893	8,400	45	45	7	63	3,980	16
	Pix4	10,442	8,972	13	13	8	19	7,619	19
581 RECONSTRUCTIVE GYNECOLOGICAL PROCEDURES	—	4,129	3,829	795	832	3	1,181	1,952	10
	Pix1	3,964	3,795	762	818	3	1,145	1,697	7
	Pix2	5,973	7,722	13	10	5	18	1,809	13
	Pix3	9,149	4,984	11	4	8	16	2,787	20
	Pix4	7,366	9,141	2	5	6	2	5,409	23

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
CMG	Description	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
582	OTHER GYNECOLOGICAL PROCEDURES	—	4,956	4,734	66	75	4	108	2,810	11
		Pix1	4,702	4,176	64	67	3	98	2,447	10
		Pix2	.	5,314	.	3	0	0	0	0
		Pix3	17,781	13,101	2	4	13	2	6,812	20
		Pix4	24,622	11,941	2	4	13	4	16,172	26
583	RADIO-IMPLANT FOR MALIGNANCY	—	2,054	2,914	28	23	2	72	499	8
		Pix1	2,054	2,951	28	22	2	69	499	8
		Pix4	.	6,089	.	2	0	0	0	0
584	VAGINA, CERVIX AND VULVA PROCEDURES	—	3,407	3,308	230	203	3	336	1,553	7
		Pix1	3,402	3,281	228	201	3	333	1,556	7
		Pix2	2,983	8,267	1	2	3	1	0	22
		Pix3	8,202	8,962	2	2	10	2	4,597	21
585	GYNECOLOGICAL LAPAROSCOPY (MNRH)	—	2,799	2,579	24	19	2	47	1,529	7
		Pix1	2,799	2,579	24	19	2	47	1,529	7
586	TUBAL INTERRUPTION (MNRH)	—	1,792	2,814	19	6	1	60	400	4
		Pix1	1,792	2,684	19	5	1	60	400	4
		Pix2	.	3,467	.	1	0	0	0	0
587	MISCELLANEOUS GYNECOLOGICAL PROCEDURES (MNRH)	—	1,540	1,426	253	299	1	359	630	4
		Pix1	1,332	1,418	201	297	1	351	425	1
		Pix2	6,585	4,557	2	3	7	4	5,851	29
		Pix3	.	13,338	.	2	0	0	0	0
		Pix4	2,023	50,235	1	3	2	1	0	75
592	MALIGNANCY OF FEMALE REPRODUCTIVE ORGAN	—	7,181	6,574	87	75	9	158	6,597	36
		Pix1	3,765	4,160	49	41	5	93	2,786	26
		Pix2	9,597	6,499	14	18	12	34	6,765	40
		Pix3	11,588	10,947	10	8	14	15	8,387	49
		Pix4	13,573	17,505	14	9	16	16	7,452	73

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
CMG Description	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
594 FEMALE REPRODUCTIVE SYSTEM INFECTION	—	2,502	2,543	86	78	3	170	1,513	8	
	Pix1	2,457	2,528	83	76	3	163	1,496	8	
	Pix2	2,297	6,290	1	2	2	2	0	19	
	Pix3	3,161	2,858	1	1	3	4	0	10	
	Pix4	5,736	.	1	.	6	1	0	6	
595 OTHER FEMALE REPRODUCTIVE SYSTEM DIAGNOSES AND INJURIES	—	1,244	2,170	6	5	1	17	525	7	
	Pix1	1,244	2,088	6	4	1	16	525	7	
	Pix2	.	2,497	.	1	0	0	0	0	
	Pix3	.	7,038	.	2	0	0	0	0	
	Pix4	20,724	.	1	.	15	1	0	15	
596 MISCELLANEOUS GYNECOLOGICAL DIAGNOSES (MNRH)	—	2,127	2,017	247	238	2	493	1,757	7	
	Pix1	2,120	1,966	239	230	2	471	1,768	7	
	Pix2	3,103	3,831	8	7	4	18	2,148	12	
	Pix3	4,633	4,047	2	2	7	3	5,159	17	
	Pix4	15,629	.	1	.	16	1	0	42	
599 PREMATURE LABOUR	—	2,166	2,551	287	333	3	506	1,357	10	
	Pix9	2,166	2,551	287	333	3	506	1,357	10	
600 MAJOR PROCEDURES IN PREGNANCY OR CHILDBIRTH	—	6,557	6,052	149	155	4	197	4,837	12	
	Pix9	6,557	6,052	149	155	4	197	4,837	12	
601 REPEAT CAESAREAN DELIVERY WITH COMPLICATING DIAGNOSIS	—	3,828	3,815	855	844	3	1,180	1,349	6	
	Pix9	3,828	3,815	855	844	3	1,180	1,349	6	
602 CAESAREAN DELIVERY WITH COMPLICATING DIAGNOSIS	—	4,575	4,844	2,190	2,133	4	3,196	1,950	9	
	Pix9	4,575	4,844	2,190	2,133	4	3,196	1,950	9	
603 REPEAT CAESAREAN DELIVERY	—	3,139	3,158	1,908	1,571	3	2,869	814	5	
	Pix9	3,139	3,158	1,908	1,571	3	2,869	814	5	
604 CAESAREAN DELIVERY	—	3,916	3,917	2,439	2,230	3	3,504	1,082	6	
	Pix9	3,916	3,917	2,439	2,230	3	3,504	1,082	6	

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
CMG Description	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
605 FETAL SURGERY	—	9,517	2,676	1	5	10	1	0	13	
	Pix9	9,517	2,676	1	5	10	1	0	13	
606 VAGINAL DELIVERY WITH STERILIZATION PROCEDURES	—	3,247	3,250	12	9	2	100	884	5	
	Pix9	3,247	3,250	12	9	2	100	884	5	
607 VAGINAL DELIVERY WITH MINOR PROCEDURES	—	3,376	3,201	137	130	2	252	1,971	5	
	Pix9	3,376	3,201	137	130	2	252	1,971	5	
608 VAGINAL DELIVERY AFTER CAESAREAN (VBAC) WITH COMPLICATING DIAGNOSIS	—	2,465	2,485	266	277	2	422	965	4	
	Pix9	2,465	2,485	266	277	2	422	965	4	
609 VAGINAL DELIVERY WITH COMPLICATING DIAGNOSIS	—	2,565	2,607	8,007	7,793	2	11,606	1,171	7	
	Pix9	2,565	2,607	8,007	7,793	2	11,606	1,171	7	
610 VAGINAL DELIVERY AFTER CAESAREAN DELIVERY (VBAC)	—	2,165	2,238	423	390	1	701	787	4	
	Pix9	2,165	2,238	423	390	1	701	787	4	
611 VAGINAL DELIVERY	—	2,007	2,038	10,167	10,012	1	17,497	821	4	
	Pix9	2,007	2,038	10,167	10,012	1	17,497	821	4	
612 ECTOPIC PREGNANCY WITH MAJOR PROCEDURES	—	4,012	4,357	94	80	3	158	1,599	8	
	Pix9	4,012	4,357	94	80	3	158	1,599	8	
613 ECTOPIC PREGNANCY WITH MINOR PROCEDURES	—	2,655	2,558	259	235	2	329	1,064	4	
	Pix9	2,655	2,558	259	235	2	329	1,064	4	
614 ECTOPIC PREGNANCY	—	549	672	59	54	1	120	317	1	
	Pix9	549	672	59	54	1	120	317	1	
615 THREATENED ABORTION	—	1,014	1,084	33	49	2	166	584	4	
	Pix9	1,014	1,084	33	49	2	166	584	4	
616 ABORTIVE OUTCOME WITH INJECTION	—	1,652	1,989	22	12	2	31	979	4	
	Pix9	1,652	1,989	22	12	2	31	979	4	
617 ABORTIVE OUTCOME WITH D AND C	—	1,128	1,081	1,010	1,014	1	1,599	480	1	
	Pix9	1,128	1,081	1,010	1,014	1	1,599	480	1	

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
618 ABORTIVE OUTCOME	— Pix9	1,489 1,489	1,499 1,499	154 154	181 181	1 1	549 549	1,275 1,275	1 1	
619 FALSE LABOUR LOS < 3 DAYS (MNRH)	— Pix9	902 902	849 849	413 413	389 389	1 1	1,063 1,063	599 599	1 1	
620 POST-PARTUM DIAGNOSIS WITH PROCEDURES OTHER THAN D AND C	— Pix9	5,652 5,652	4,424 4,424	16 16	19 19	4 4	27 27	4,757 4,757	15 15	
621 POST-PARTUM DIAGNOSIS WITH D AND C	— Pix9	1,473 1,473	1,507 1,507	135 135	112 112	1 1	206 206	869 869	4 4	
622 POST-PARTUM DIAGNOSIS	— Pix9	1,811 1,811	1,880 1,880	458 458	410 410	2 2	825 825	1,392 1,392	7 7	
623 ANTEPARTUM DIAGNOSIS WITH COMPLICATING DIAGNOSIS	— Pix9	2,057 2,057	2,148 2,148	696 696	652 652	3 3	1,413 1,413	1,461 1,461	10 10	
624 ANTEPARTUM DIAGNOSIS	— Pix9	1,453 1,453	1,453 1,453	996 996	944 944	2 2	2,286 2,286	938 938	4 4	
625 NEONATES WEIGHT < 750 GRAMS	— Pix9	10,612 10,612	17,822 17,822	32 32	31 31	4 4	171 171	15,132 15,132	27 27	
626 NEONATES WEIGHT 750-999 GRAMS	— Pix9	75,629 75,629	78,115 78,115	141 141	82 82	43 43	155 155	55,402 55,402	172 172	
627 NEONATES WEIGHT 1000-1499 GM WITH CATASTROPHIC DIAGNOSIS	— Pix9	57,406 57,406	37,134 37,134	4 4	2 2	46 46	4 4	32,046 32,046	100 100	
628 NEONATES WEIGHT 1000-1499 GM WITHOUT CATASTROPHIC DIAGNOSIS	— Pix9	37,355 37,355	39,649 39,649	403 403	354 354	27 27	452 452	30,138 30,138	96 96	
630 NEONATES WEIGHT 1500-1999 GM WITH CATASTROPHIC DIAGNOSIS	— Pix9	21,609 21,609	21,263 21,263	4 4	1 1	16 16	6 6	14,762 14,762	74 74	
631 NEONATES WEIGHT 1500-1999 GM WITH MAJOR PROBLEM DIAGNOSIS	— Pix9	28,645 28,645	29,732 29,732	226 226	165 165	20 20	245 245	26,017 26,017	69 69	

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
CMG Description										
632 NEONATES WEIGHT 1500-1999 GM WITH MOD OR MINOR OR NO PROBLEM DIAGNOSIS	—	14,816	15,952	598	538	13	713	10,085	48	
	Pix9	14,816	15,952	598	538	13	713	10,085	48	
636 NEONATES WEIGHT 2000-2499 GM WITH CATASTOPHIC DIAGNOSIS	—	191,517	28,011	1	4	39	1	0	52	
	Pix9	191,517	28,011	1	4	39	1	0	52	
637 NEONATES WEIGHT 2000-2499 GM WITH MAJOR PROBLEM DIAGNOSIS	—	18,204	19,676	194	203	12	244	15,197	45	
	Pix9	18,204	19,676	194	203	12	244	15,197	45	
638 NEONATES WEIGHT 2000-2499 GM WITH MODERATE PROBLEM DIAGNOSIS	—	12,127	10,979	298	221	9	364	13,353	34	
	Pix9	12,127	10,979	298	221	9	364	13,353	34	
639 NEONATES WEIGHT 2000-2499 GM WITH MINOR PROBLEM DIAGNOSIS	—	5,465	5,463	1,070	972	5	1,360	6,499	20	
	Pix9	5,465	5,463	1,070	972	5	1,360	6,499	20	
640 NEONATES WEIGHT 2000-2499 GM WITH NO PROBLEM DIAGNOSIS	—	1,074	1,075	212	193	2	341	927	4	
	Pix9	1,074	1,075	212	193	2	341	927	4	
643 NEONATES WEIGHT > 2500 GM WITH CATASTROPHIC DIAGNOSIS	—	39,391	30,432	15	23	13	26	42,871	46	
	Pix9	39,391	30,432	15	23	13	26	42,871	46	
644 NEONATES WEIGHT > 2500 GM WITH MAJOR PROBLEM DIAGNOSIS	—	12,482	13,332	585	581	6	818	14,344	20	
	Pix9	12,482	13,332	585	581	6	818	14,344	20	
645 NEONATES WEIGHT > 2500 GM WITH MODERATE PROBLEM DIAGNOSIS	—	4,541	4,564	1,245	1,281	3	1,855	5,366	11	
	Pix9	4,541	4,564	1,245	1,281	3	1,855	5,366	11	
646 NEONATES WEIGHT > 2500 GM WITH CAESARIAN DELIVERY	—	1,536	1,581	5,976	5,584	3	8,994	648	5	
	Pix9	1,536	1,581	5,976	5,584	3	8,994	648	5	

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
CMG Description	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
647 NEONATES WEIGHT > 2500 GM WITH MINOR PROBLEM DIAGNOSIS	—	2,255	2,328	2,082	1,930	2	3,229	2,277	7	
	Pix9	2,255	2,328	2,082	1,930	2	3,229	2,277	7	
648 NEONATES WEIGHT > 2500 GM (NORMAL NEWBORN)	—	792	794	17,117	16,875	1	27,284	452	4	
	Pix9	792	794	17,117	16,875	1	27,284	452	4	
650 TRACHEOSTOMY AND GASTROSTOMY PROCEDURES FOR TRAUMA	—	96,150	106,279	156	124	42	175	54,926	134	
	Pix1	29,306	30,117	12	4	20	15	16,336	59	
	Pix2	29,194	50,466	4	4	14	5	22,780	55	
	Pix3	59,454	59,623	6	5	32	7	37,636	129	
	Pix4	107,350	113,580	133	110	46	148	56,582	140	
651 INTRACRANIAL PROCEDURES WITH SPINAL PROCEDURES FOR TRAUMA	—	.	39,468	.	1	0	0	0	0	
	Pix9	.	39,468	.	1	0	0	0	0	
652 INTRACRANIAL PROCEDURES WITH FEMUR PROCEDURES FOR TRAUMA	—	77,129	79,313	4	2	46	4	12,864	78	
	Pix9	77,129	79,313	4	2	46	4	12,864	78	
653 INTRACRANIAL OR FEMUR PROCEDURES WITH THORACO-ABDOMINAL PROCEDURES FOR TRAUMA	—	60,281	44,663	25	13	22	26	43,554	93	
	Pix9	60,281	44,663	25	13	22	26	43,554	93	
654 INTRACRANIAL PROCEDURES W WOUND DEBRIDEMENT OR LOWER EXTREMITY PROC FOR TRAUMA	—	48,072	35,088	3	3	41	3	14,249	106	
	Pix9	48,072	35,088	3	3	41	3	14,249	106	
655 SPINAL PROCEDURES WITH FEMUR PROCEDURES FOR TRAUMA	—	49,303	68,153	4	6	22	4	38,664	71	
	Pix9	49,303	68,153	4	6	22	4	38,664	71	
656 SPINAL PROCEDURES WITH THORACO-ABDOMINAL PROCEDURES FOR TRAUMA	—	31,184	36,580	6	3	11	6	13,585	32	
	Pix9	31,184	36,580	6	3	11	6	13,585	32	

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
657 SPINAL PROCEDURES WITH WOUND DEBRIDEMENT OR LOWER EXTREMITY PROC FOR TRAUMA	—	24,164	30,911	11	10	13	12	11,972	47
	Pix9	24,164	30,911	11	10	13	12	11,972	47
658 FEMUR PROCEDURES WITH WOUND DEBRIDEMENT OR LOWER EXTREMITY PROC FOR TRAUMA	—	34,757	32,233	81	78	18	93	23,214	51
	Pix9	34,757	32,233	81	78	18	93	23,214	51
659 THORACO-ABDOMINAL PROC W WOUND DEBRIDEMENT OR LOWER EXTREMITY PROC FOR TRAUMA	—	48,353	34,230	20	15	19	25	30,198	74
	Pix9	48,353	34,230	20	15	19	25	30,198	74
660 INTRACRANIAL PROCEDURES FOR TRAUMA	—	19,772	18,053	172	150	8	180	20,510	30
	Pix1	8,557	10,639	90	87	5	97	6,096	15
	Pix2	14,819	17,726	29	21	5	30	14,950	21
	Pix3	28,722	27,647	13	12	16	13	11,579	51
	Pix4	51,817	44,533	39	34	18	40	25,494	58
661 SPINAL PROCEDURES FOR TRAUMA	—	17,009	19,362	103	104	10	120	11,529	36
	Pix1	14,124	15,330	70	59	9	79	8,034	23
	Pix2	17,513	21,412	24	25	9	26	11,112	34
	Pix3	38,532	43,919	5	7	22	5	19,902	58
	Pix4	60,394	31,039	10	10	34	10	23,764	75
662 FEMUR OR PELVIC PROCEDURES FOR TRAUMA	—	12,754	12,187	1,078	1,139	11	1,748	7,385	35
	Pix1	10,437	9,700	797	801	9	1,309	4,630	26
	Pix2	18,324	16,161	147	184	16	231	8,801	49
	Pix3	20,773	19,795	71	70	18	117	12,033	68
	Pix4	30,158	29,906	60	69	25	91	20,368	90
663 THORACO-ABDOMINAL PROCEDURES FOR TRAUMA	—	14,187	12,428	170	175	8	266	9,576	21
	Pix1	10,516	9,495	103	109	6	166	4,885	14
	Pix2	16,284	12,249	31	30	10	40	9,900	28
	Pix3	18,976	20,071	22	20	10	30	6,539	27
	Pix4	53,585	55,691	26	23	23	30	35,051	59

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
664 WOUND DEBRIDEMENT AND SKIN GRAFT FOR TRAUMA	—	14,493	15,174	259	261	10	344	12,777	36
	Pix1	11,192	11,935	211	212	8	283	8,391	29
	Pix2	27,189	24,407	23	26	18	29	19,496	49
	Pix3	28,413	33,894	16	15	18	18	12,647	64
	Pix4	45,429	61,369	12	7	27	14	24,620	69
665 ELEVATED SKULL FRACTURES	—	16,692	13,026	11	14	9	11	11,487	18
	Pix1	10,963	9,202	7	10	6	7	8,355	14
	Pix2	22,390	24,608	3	5	12	3	4,688	32
	Pix3	39,707	.	1	.	17	1	0	17
666 MAJOR LOWER EXTREMITY PROCEDURES FOR TRAUMA	—	5,154	5,152	1,778	1,838	3	3,534	2,792	8
	Pix1	5,011	5,010	1,725	1,779	3	3,342	2,576	8
	Pix2	15,002	14,822	90	107	11	116	8,148	29
	Pix3	25,546	19,297	28	35	17	41	12,474	37
	Pix4	32,561	41,089	24	27	20	35	18,315	70
667 MINOR LOWER EXTREMITY PROCEDURES FOR TRAUMA	—	6,093	5,434	37	38	4	62	3,674	10
	Pix1	5,971	5,310	35	37	4	55	3,728	10
	Pix2	22,040	10,047	3	1	14	4	15,118	25
	Pix3	14,059	.	2	.	10	2	6,263	13
	Pix4	79,441	.	1	.	34	1	0	34
668 MISCELLANEOUS MUSCULOSKELETAL PROCEDURES FOR TRAUMA	—	5,409	5,516	493	417	3	598	2,832	8
	Pix1	5,313	5,335	480	400	3	562	2,775	8
	Pix2	17,154	13,491	23	29	9	25	13,274	19
	Pix3	37,727	24,349	2	2	14	3	34,158	44
	Pix4	42,254	32,778	8	8	20	8	28,839	48

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
CMG	Description	Pix Level								
669	VASCULAR REPAIR FOR TRAUMA	—	6,750	6,238	76	69	3	99	6,769	10
		Pix1	5,498	5,876	64	62	3	85	3,459	7
		Pix2	12,730	9,498	8	5	5	8	16,602	24
		Pix3	12,508	13,358	3	1	7	4	4,739	29
		Pix4	19,392	6,624	2	1	5	2	2,696	14
670	UPPER EXTREMITY PROCEDURES FOR TRAUMA	—	3,971	3,988	1,667	1,378	2	2,531	2,433	7
		Pix1	3,517	3,602	1,518	1,264	2	2,443	1,865	4
		Pix2	13,381	10,967	43	56	9	62	6,327	22
		Pix3	16,134	8,917	9	7	11	13	12,470	37
		Pix4	26,656	28,989	11	6	18	13	16,084	65
674	INTRACRANIAL INJURIES WITH SPINAL INJURIES	—	14,979	13,611	30	28	8	34	11,921	30
		Pix9	14,979	13,611	30	28	8	34	11,921	30
675	INTRACRANIAL INJURIES WITH FRACTURES OF FEMUR OR PELVIS	—	13,751	9,417	7	14	9	10	8,775	33
		Pix9	13,751	9,417	7	14	9	10	8,775	33
676	INTRACRANIAL INJURIES WITH THORACO-ABDOMINAL INJURIES	—	13,714	14,505	44	42	7	49	15,025	33
		Pix9	13,714	14,505	44	42	7	49	15,025	33
677	SPINAL INJURIES WITH FRACTURES OF FEMUR	—	7,914	8,896	53	48	9	68	6,302	34
		Pix9	7,914	8,896	53	48	9	68	6,302	34
678	SPINAL INJURIES WITH THORACO-ABDOMINAL INJURIES	—	12,266	13,305	83	66	9	110	11,828	28
		Pix9	12,266	13,305	83	66	9	110	11,828	28
679	FRACTURES OF FEMUR WITH THORACO-ABDOMINAL INJURIES	—	7,552	6,807	33	34	7	54	7,324	28
		Pix9	7,552	6,807	33	34	7	54	7,324	28
680	FEMUR OR PELVIC FRACTURES AND DISLOCATIONS	—	7,915	8,437	370	333	11	894	6,841	44
		Pix1	5,992	6,341	260	241	8	696	5,068	34
		Pix2	10,765	13,763	66	57	16	111	6,990	69
		Pix3	15,939	18,205	29	24	20	58	14,370	81
		Pix4	22,250	22,962	13	21	27	29	18,444	114

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		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
681 FROSTBITE	—	10,395	14,615	12	14	13	24	10,371	53
	Plx1	11,392	11,635	9	9	15	18	11,626	48
	Plx3	7,406	10,836	3	3	8	4	5,746	83
	Plx4	72,441	33,527	1	1	98	1	0	98
682 SPINAL INJURIES	—	5,480	5,392	401	369	6	736	5,835	26
	Plx1	4,184	4,653	314	302	5	576	3,183	20
	Plx2	8,907	6,591	70	47	10	115	7,808	39
	Plx3	18,017	11,190	17	14	16	25	14,462	64
683 INTRACRANIAL INJURIES	Plx4	47,782	22,739	10	9	40	20	59,926	127
	—	6,429	6,963	404	347	5	516	7,589	20
	Plx1	4,285	5,271	302	254	4	394	4,002	16
	Plx2	13,478	7,460	15	17	12	19	11,712	33
684 FRACTURE OF HUMERUS	Plx3	8,590	8,615	53	51	8	67	7,889	32
	Plx4	25,124	29,160	34	28	15	36	18,001	60
	—	6,863	6,027	95	87	9	271	8,419	43
	Plx1	4,440	3,649	74	66	6	219	4,822	30
685 HIP AND THIGH INJURIES	Plx2	21,318	14,693	15	13	30	33	19,695	109
	Plx3	8,769	8,026	4	3	9	12	3,059	78
	Plx4	39,839	14,467	4	4	47	7	28,321	131
	—	4,415	5,984	33	42	6	184	4,292	26
686 MAJOR NERVE INJURIES	Plx1	3,074	4,969	29	35	4	164	1,597	20
	Plx2	15,890	23,005	4	8	29	11	7,341	76
	Plx3	.	21,368	.	1	0	0	0	0
	Plx4	28,505	.	4	.	43	5	10,543	85
687 THORACO-ABDOMINAL INJURIES	—	7,423	10,241	8	3	3	9	4,495	16
	Plx1	7,423	10,241	8	3	3	9	4,495	13
	—	5,191	5,133	636	566	5	1,051	5,010	17
	Plx1	4,337	4,370	547	486	4	885	3,193	14
	Plx2	7,501	7,062	45	46	7	91	6,574	25
	Plx3	12,711	13,277	30	22	10	44	9,931	35
	Plx4	27,760	19,129	22	13	15	31	17,539	43

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CMG	Description	Plx Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
			2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
688	WEIGHT BEARING INJURIES	—	3,211	3,085	259	273	4	632	3,003	16
		Pix1	2,822	2,213	236	233	3	583	2,615	13
		Pix2	9,079	9,599	14	22	12	31	8,255	59
		Pix3	11,920	9,923	4	10	13	11	7,294	69
		Pix4	10,884	21,849	3	5	22	7	11,255	123
689	GENITO-URINARY INJURIES	—	4,060	3,749	47	64	4	79	4,245	13
		Pix1	3,468	3,209	42	52	4	71	2,649	10
		Pix2	4,723	5,185	4	10	6	5	3,239	19
		Pix3	.	14,602	.	3	0	0	0	0
		Pix4	29,571	.	3	.	17	3	8,762	37
690	CRUSHING INJURIES AND CONTUSIONS	—	2,695	3,123	78	88	3	374	2,182	13
		Pix1	2,213	2,385	67	76	2	335	1,606	10
		Pix2	4,545	8,078	6	6	6	28	3,566	37
		Pix3	12,827	9,904	4	5	19	9	8,244	49
		Pix4	.	5,840	.	2	0	0	0	0
691	MINOR LOWER EXTREMITY FRACTURES	—	2,833	2,596	30	22	3	54	1,725	10
		Pix1	2,679	2,568	29	21	3	52	1,532	10
		Pix2	.	3,172	.	1	0	0	0	0
		Pix4	7,287	.	1	.	2	1	0	2
692	WOUNDS	—	2,707	2,742	599	618	2	1,105	1,790	7
		Pix1	2,647	2,690	582	601	2	1,049	1,765	7
		Pix2	7,280	4,660	18	10	8	33	4,173	29
		Pix3	8,610	7,016	12	13	9	18	5,480	18
		Pix4	10,792	27,619	3	6	8	5	3,969	33
693	AMPUTATIONS OR VASCULAR AND OTHER NERVE INJURIES	—	3,958	3,520	90	105	2	139	3,513	7
		Pix1	3,597	3,502	80	102	2	137	3,096	4
		Pix2	3,687	2,684	1	2	3	1	0	10
		Pix3	.	12,945	.	3	0	0	0	0
		Pix4	20,392	41,176	1	1	7	1	0	36

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		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
694 FACIAL INJURIES	—	2,873	3,398	256	205	2	380	1,892	7	
	PIX1	2,785	3,263	252	200	2	363	1,647	7	
	PIX2	10,147	8,149	6	5	9	9	5,712	21	
	PIX3	11,436	8,595	3	1	6	5	4,627	16	
	PIX4	.	20,771	.	3	0	0	0	0	
695 OTHER CRANIAL INJURIES	—	3,582	3,357	274	346	3	912	4,575	7	
	PIX1	2,692	2,269	189	238	2	798	4,350	4	
	PIX2	6,015	6,364	29	29	5	42	4,415	17	
	PIX3	6,678	7,200	35	44	5	46	6,685	17	
	PIX4	25,552	19,258	19	22	12	26	23,706	46	
696 UPPER EXTREMITY FRACTURES	—	2,398	2,181	266	243	2	843	1,756	7	
	PIX1	2,060	2,138	231	234	2	780	1,486	4	
	PIX2	9,989	7,336	26	25	12	41	7,502	54	
	PIX3	9,134	12,847	9	6	13	15	6,983	46	
	PIX4	21,596	.	5	.	19	7	15,551	111	
700 BONE MARROW TRANSPLANT	—	54,937	60,639	165	144	24	232	29,938	61	
	PIX1	28,508	37,172	11	9	13	25	16,174	50	
	PIX2	18,169	33,646	2	4	7	12	2,281	42	
	PIX3	33,887	63,271	3	7	18	13	4,981	51	
	PIX4	57,805	63,064	149	124	26	182	29,794	63	
701 SPLENECTOMY	—	11,115	10,244	48	60	5	66	6,516	20	
	PIX1	9,426	8,595	40	48	4	55	3,701	14	
	PIX2	15,623	15,878	3	9	9	5	5,831	30	
	PIX3	11,199	14,624	2	1	6	4	5,540	25	
	PIX4	35,708	60,565	1	3	18	2	0	77	
703 OTHER O.R. PROCEDURES OF BLOOD AND BLOOD-FORMING ORGANS	—	8,558	8,553	83	84	5	120	7,973	22	
	PIX1	6,821	6,101	67	67	4	92	6,762	16	
	PIX2	14,633	23,924	6	8	11	9	6,585	46	
	PIX3	24,846	16,387	4	7	13	6	7,315	43	
	PIX4	31,703	51,644	8	9	17	13	41,176	92	

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		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
704 RED BLOOD CELL DISORDERS	—	5,264	4,988	511	548	6	1,390	4,626	20
	Pix1	4,234	4,107	372	392	5	1,085	3,510	16
	Pix2	7,328	6,273	88	87	9	191	4,976	27
	Pix3	9,884	8,410	41	51	10	77	9,957	34
	Pix4	16,806	16,110	18	25	16	37	8,443	61
709 COAGULATION DISORDERS	—	3,792	4,184	201	229	4	368	3,134	14
	Pix1	3,454	3,583	179	193	4	319	2,992	13
	Pix2	8,574	7,063	12	19	8	24	5,898	27
	Pix3	10,470	12,639	12	17	10	18	10,005	39
	Pix4	15,065	11,307	5	7	15	7	13,951	57
710 RETICULOENDOTHELIAL AND IMMUNITY DISORDERS	—	6,322	6,564	321	318	5	715	5,897	15
	Pix1	5,520	5,709	252	256	5	546	5,108	14
	Pix2	9,713	9,412	48	37	7	85	7,899	19
	Pix3	11,109	12,719	25	17	11	58	8,463	28
	Pix4	29,586	25,773	15	17	21	26	19,960	61
725 MAJOR LEUKEMIA AND LYMPHOMA PROCEDURES	—	11,459	12,605	147	122	7	205	8,477	29
	Pix1	8,342	9,126	111	91	4	158	4,855	15
	Pix2	14,497	16,489	13	15	9	17	7,171	39
	Pix3	25,513	24,500	9	4	19	12	14,166	60
	Pix4	49,405	68,351	15	13	34	18	34,090	117
726 ACUTE LEUKEMIA WITHOUT MAJOR PROCEDURES	—	27,335	24,765	201	169	19	261	23,358	74
	Pix1	14,815	11,138	73	80	10	101	12,999	34
	Pix2	20,062	21,755	16	5	15	23	14,836	56
	Pix3	20,526	23,064	26	23	16	33	19,900	69
	Pix4	41,834	42,288	85	57	28	104	26,167	77
728 LYMPHOMA AND CHRONIC LEUKEMIA WITH OTHER PROCEDURES	—	12,620	14,650	168	173	11	273	11,868	47
	Pix1	9,123	8,171	123	111	7	208	7,889	28
	Pix2	14,541	14,133	15	21	16	21	9,610	48
	Pix3	17,845	25,861	9	11	14	16	8,963	46
	Pix4	41,362	42,550	20	29	30	28	31,677	87

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
730 LYMPHOMA AND CHRONIC LEUKEMIA	—	11,330	10,391	356	367	11	822	11,009	42	
	Pix1	6,746	6,961	181	203	7	507	6,387	26	
	Pix2	11,005	9,449	71	69	12	134	9,211	40	
	Pix3	16,901	12,047	50	48	18	96	10,863	53	
	Pix4	25,735	28,305	54	46	22	85	23,236	77	
733 MAJOR ILL-DEFINED NEOPLASM PROCEDURES	—	20,838	16,729	48	60	13	54	20,015	46	
	Pix1	9,690	10,041	22	40	5	26	4,545	21	
	Pix2	12,774	22,145	4	7	9	4	6,021	46	
	Pix3	23,032	31,693	9	3	18	10	14,635	68	
	Pix4	38,832	46,490	12	10	26	14	26,317	103	
734 ILL-DEFINED NEOPLASM WITH OTHER PROCEDURES	—	10,195	10,026	54	40	7	88	9,393	29	
	Pix1	7,155	5,872	36	26	4	65	5,195	16	
	Pix2	8,166	14,045	6	2	8	8	5,490	40	
	Pix3	7,601	24,154	2	6	8	2	6,244	79	
	Pix4	25,858	51,059	10	12	21	13	17,291	68	
735 RADIATION THERAPY	—	5,280	4,364	107	153	6	141	5,439	31	
	Pix1	3,894	3,549	95	137	4	129	3,311	22	
	Pix2	7,152	11,982	3	9	10	7	4,277	31	
	Pix3	23,228	21,729	2	6	25	3	11,976	77	
	Pix4	18,414	20,522	2	3	23	2	3,194	74	
736 CHEMOTHERAPY	—	4,790	5,066	501	742	3	690	2,900	11	
	Pix1	4,537	4,801	469	688	3	601	2,603	11	
	Pix2	10,337	7,731	14	10	7	22	7,074	27	
	Pix3	12,576	11,120	24	38	10	27	8,152	32	
	Pix4	26,097	20,890	37	34	22	40	9,025	67	
737 OTHER POORLY DIFFERENTIATED NEOPLASTIC DIAGNOSES	—	9,747	9,401	67	84	12	163	7,497	39	
	Pix1	6,314	6,336	33	43	8	97	4,324	30	
	Pix2	10,732	8,973	17	21	13	42	8,364	41	
	Pix3	15,358	9,930	6	6	21	11	8,888	53	
	Pix4	15,466	18,566	11	11	17	13	8,017	67	

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
CMG	Description	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
750	MULTISYSTEMIC OR UNSPECIFIED SITE INFECTIONS WITH SURGERY	—	30,412	27,176	445	351	17	661	35,098	65
		Pix1	9,480	9,504	195	178	8	305	7,288	28
		Pix2	21,199	16,906	33	37	18	55	15,240	56
		Pix3	25,740	23,065	52	25	19	73	17,431	61
		Pix4	75,951	76,243	182	122	37	228	65,638	132
751	SEPTICEMIA	—	11,280	10,219	661	472	8	1,149	12,722	29
		Pix1	5,688	5,607	261	202	6	537	4,091	20
		Pix2	7,975	9,509	88	67	8	147	6,280	32
		Pix3	10,785	10,350	113	87	9	176	9,417	33
		Pix4	24,406	20,505	222	128	13	289	21,587	49
756	POST-OPERATIVE AND POST-TRAUMATIC INFECTIONS	—	4,066	4,139	389	355	5	754	3,113	15
		Pix1	4,030	4,013	348	303	5	648	3,213	17
		Pix2	7,059	7,939	30	24	7	53	9,110	30
		Pix3	9,901	4,570	19	26	10	35	7,536	27
		Pix4	11,704	16,313	6	9	10	18	11,202	62
757	VIRAL ILLNESS	—	3,693	3,350	175	191	4	591	3,322	10
		Pix1	3,240	2,993	150	163	3	531	2,388	10
		Pix2	4,884	3,737	15	10	4	32	3,268	14
		Pix3	10,254	9,401	12	15	9	22	7,270	28
		Pix4	14,284	18,763	4	4	11	6	8,494	55
761	FEVER OF UNKNOWN ORIGIN	—	4,051	3,332	242	234	4	550	3,444	11
		Pix1	3,519	3,199	186	189	3	457	2,622	10
		Pix2	6,339	5,148	44	48	5	65	6,116	17
		Pix3	7,989	5,164	16	11	8	20	4,817	22
		Pix4	13,261	17,471	5	6	9	8	11,361	52
763	OTHER INFECTIOUS DIAGNOSES	—	8,648	7,125	118	122	7	201	9,800	23
		Pix1	5,587	5,756	73	87	5	131	4,795	17
		Pix2	8,902	8,273	16	13	10	25	5,239	30
		Pix3	9,975	13,116	13	15	9	18	6,156	33
		Pix4	37,149	32,303	25	17	22	27	34,473	80

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
CMG Description										
764 DEPRESSIVE MOOD DISORDERS WITH ECT	— Pix9	20,546 20,546	20,723 20,723	264 264	265 265	39 39	353 353	11,796 11,796	103 103	
765 DEPRESSIVE MOOD DISORDERS WITHOUT ECT WITH AXIS III DIAGNOSIS	— Pix9	15,352 15,352	16,552 16,552	187 187	215 215	25 25	529 529	10,131 10,131	82 82	
766 DEPRESSIVE MOOD DISORDERS WITHOUT ECT WITHOUT AXIS III DIAGNOSIS	— Pix9	11,466 11,466	10,728 10,728	787 787	937 937	21 21	2,294 2,294	8,708 8,708	68 68	
767 DEPRESSIVE MOOD DISORDERS LOS < 6 DAYS	— Pix9	2,531 2,531	2,442 2,442	325 325	277 277	3 3	1,198 1,198	1,526 1,526	8 8	
768 BIPOLAR MOOD DISORDERS, MANIC WITH ECT	— Pix9	24,144 24,144	29,455 29,455	21 21	21 21	40 40	42 42	17,068 17,068	106 106	
769 BIPOLAR MOOD DISORDERS, MANIC WITHOUT ECT WITH AXIS III DIAGNOSIS	— Pix9	15,005 15,005	18,239 18,239	69 69	97 97	24 24	136 136	10,555 10,555	86 86	
770 BIPOLAR MOOD DISORDERS, MANIC WITHOUT ECT WITHOUT AXIS III DIAGNOSIS	— Pix9	12,351 12,351	12,353 12,353	560 560	505 505	21 21	1,193 1,193	9,861 9,861	79 79	
771 BIPOLAR MOOD DISORDERS LOS < 6 DAYS	— Pix9	2,756 2,756	2,324 2,324	114 114	78 78	3 3	249 249	1,306 1,306	8 8	
772 DEMENTIA WITH OR WITHOUT DELIRIUM WITH AXIS III DIAGNOSIS	— Pix9	27,516 27,516	24,814 24,814	352 352	350 350	43 43	811 811	20,887 20,887	138 138	
773 DEMENTIA WITH OR WITHOUT DELIRIUM WITHOUT AXIS III DIAGNOSIS	— Pix9	20,406 20,406	20,858 20,858	275 275	276 276	34 34	955 955	16,728 16,728	161 161	
774 ORGANIC MENTAL DISORDERS INDUCED BY DRUGS	— Pix9	5,356 5,356	5,571 5,571	370 370	373 373	7 7	695 695	5,902 5,902	38 38	
775 SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS WITH ECT	— Pix9	34,129 34,129	27,642 27,642	44 44	38 38	56 56	77 77	20,223 20,223	155 155	

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		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
776 SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS W/O ECT WITH AXIS III DIAGNOSIS	— Plx9	20,705 20,705	18,561 18,561	217 217	252 252	32 32	387 387	17,000 17,000	110 110
777 SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS W/O ECT OR AXIS III DIAGNOSIS	— Plx9	14,132 14,132	14,103 14,103	1,314 1,314	1,305 1,305	25 25	2,657 2,657	11,772 11,772	101 101
778 SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS LOS < 6 DAYS	— Plx9	2,326 2,326	2,488 2,488	267 267	249 249	3 3	595 595	1,353 1,353	8 8
779 DISSOCIATIVE DISORDERS	— Plx9	4,320 4,320	4,243 4,243	58 58	56 56	6 6	106 106	3,835 3,835	25 25
780 ALCOHOL INDUCED ORGANIC MENTAL DISORDERS WITH AXIS III DIAGNOSIS	— Plx9	7,227 7,227	8,072 8,072	161 161	160 160	9 9	302 302	6,524 6,524	33 33
781 ALCOHOL INDUCED ORGANIC MENTAL DISORDERS WITHOUT AXIS III DIAGNOSIS	— Plx9	3,414 3,414	3,781 3,781	212 212	202 202	5 5	541 541	2,651 2,651	20 20
783 PSYCHOACTIVE SUBSTANCE DEPENDENCE	— Plx9	5,241 5,241	5,530 5,530	489 489	491 491	7 7	1,328 1,328	4,974 4,974	32 32
784 PSYCHOACTIVE SUBSTANCE ABUSE	— Plx9	3,264 3,264	3,624 3,624	381 381	423 423	4 4	1,220 1,220	2,209 2,209	19 19
785 DEVELOPMENTAL DELAY	— Plx9	14,271 14,271	14,761 14,761	67 67	69 69	20 20	132 132	14,814 14,814	102 102
786 DISRUPTIVE BEHAVIOUR DISORDERS	— Plx9	14,986 14,986	13,776 13,776	227 227	240 240	18 18	376 376	15,840 15,840	74 74
787 EATING DISORDERS	— Plx9	18,566 18,566	17,752 17,752	120 120	132 132	24 24	175 175	14,776 14,776	85 85
788 ORGANIC MENTAL DISORDERS ASSOCIATED W PHYSICAL DISORDERS W AXIS III DIAGNOSIS	— Plx9	15,453 15,453	15,990 15,990	183 183	172 172	22 22	299 299	14,091 14,091	93 93

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CMG Description	Plx Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
789 ORGANIC MENTAL DISORDERS ASSOCIATED W PHYSICAL DISORDERS W/O AXIS III DIAGNOSIS	— Plx9	11,126 11,126	10,626 10,626	151 151	152 152	16 16	307 307	13,922 13,922	92 92
790 SOMATOFORM DISORDERS	— Plx9	3,700 3,700	4,470 4,470	24 24	30 30	5 5	84 84	1,716 1,716	23 23
791 ANXIETY DISORDERS (MNRH)	— Plx9	7,666 7,666	6,546 6,546	215 215	186 186	12 12	747 747	7,351 7,351	38 38
792 ADJUSTMENT DISORDERS (MNRH)	— Plx9	3,417 3,417	3,183 3,183	1,340 1,340	1,347 1,347	4 4	2,172 2,172	2,816 2,816	17 17
793 PERSONALITY DISORDERS WITH AXIS III DIAGNOSIS (MNRH)	— Plx9	5,528 5,528	7,737 7,737	30 30	47 47	8 8	50 50	4,709 4,709	44 44
794 PERSONALITY DISORDERS WITHOUT AXIS III DIAGNOSIS (MNRH)	— Plx9	3,193 3,193	3,123 3,123	429 429	373 373	4 4	631 631	1,944 1,944	17 17
795 SEXUAL DYSFUNCTION AND SEXUAL DISORDERS (MNRH)	— Plx9	4,155 4,155	11,989 11,989	8 8	10 10	3 3	52 52	660 660	629 629
796 SPECIFIC DEVELOPMENTAL DISORDERS (MNRH)	— Plx9	20,623 20,623	16,450 16,450	4 4	9 9	21 21	5 5	23,018 23,018	53 53
797 MISCELLANEOUS PSYCHIATRIC DIAGNOSES (MNRH)	— Plx9	6,416 6,416	9,504 9,504	43 43	38 38	8 8	114 114	10,405 10,405	72 72
803 EXTENSIVE PROCEDURES FOR INJURY OR COMPLICATION OF TREATMENT	— Plx1 Plx2 Plx3 Plx4	20,220 11,466 22,399 21,913 74,104	18,336 10,810 17,358 21,585 83,153	274 160 27 32 69	256 150 31 31 52	12 7 16 15 38	377 212 41 40 84	19,509 8,309 12,384 19,320 68,848	50 22 40 53 149

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
804 NON-EXTENSIVE PROCEDURES FOR INJURY OR COMPLICATION OF TREATMENT	—	6,431	5,997	786	690	4	1,033	6,541	19
	Pix1	4,924	4,618	659	593	3	868	4,359	13
	Pix2	12,786	12,891	58	56	10	68	8,800	37
	Pix3	18,249	18,763	34	27	13	41	14,236	44
	Pix4	46,184	51,544	50	37	27	56	38,237	104
805 MNRH PROCEDURES FOR INJURY OR COMPLICATION OF TREATMENT	—	5,272	4,427	138	124	4	214	3,965	16
	Pix1	4,622	3,743	122	109	4	188	3,568	13
	Pix2	12,424	12,513	9	6	13	14	7,471	36
	Pix3	10,383	10,490	6	7	9	8	2,515	37
	Pix4	57,699	65,032	1	3	43	4	0	102
811 ALLERGIC REACTION	—	2,731	2,117	51	49	2	171	5,393	4
	Pix1	1,742	2,120	46	45	1	160	1,628	4
	Pix2	12,778	2,295	4	2	4	5	14,977	14
	Pix3	9,079	3,631	2	3	4	3	12,430	14
	Pix4	11,554	.	2	.	3	3	10,027	21
813 DRUG REACTIONS	—	3,459	3,239	589	638	3	1,851	3,336	7
	Pix1	3,014	2,789	491	513	2	1,592	2,881	7
	Pix2	6,197	4,875	61	65	6	103	4,300	20
	Pix3	8,690	6,241	59	59	7	96	6,026	20
	Pix4	19,308	18,678	47	57	10	60	16,551	34
818 COMPLICATIONS OF TREATMENT	—	3,716	3,827	1,168	1,029	4	1,914	4,187	16
	Pix1	3,033	3,045	1,014	870	3	1,645	2,963	13
	Pix2	7,278	7,397	81	85	7	127	7,052	24
	Pix3	10,565	9,100	60	55	10	93	8,664	34
	Pix4	21,590	23,347	37	36	16	49	18,713	57
823 MINOR INJURIES AND TRAUMA DIAGNOSIS	—	3,269	3,641	141	137	2	460	3,840	10
	Pix1	2,990	2,918	127	117	2	415	2,934	7
	Pix2	7,196	5,014	8	5	10	18	7,425	29
	Pix3	8,081	8,254	9	10	6	17	12,222	38
	Pix4	34,344	22,855	8	7	12	10	26,221	39

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CMG Description		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
830 EXTENSIVE BURNS WITH SKIN GRAFT WOUND DEBRIDEMENT OR OTHER BURN PROCEDURES	Pix Level									
	—	171,002	80,289	26	31	59	29	126,377	170	
	Pix1	62,618	45,431	5	17	29	5	18,310	49	
	Pix2	85,233	.	3	.	46	3	41,356	76	
	Pix3	121,584	.	4	.	44	4	28,353	79	
831 EXTENSIVE BURNS WITHOUT BURN PROCEDURES	Pix4	252,873	133,910	16	15	88	17	128,142	277	
	—	25,679	15,399	5	9	12	10	20,208	42	
	Pix1	11,998	14,845	3	6	6	7	10,719	29	
	Pix2	.	17,527	.	2	0	0	0	0	
	Pix3	46,242	.	1	.	23	1	0	23	
832 NON-EXTENSIVE BURNS WITH SKIN GRAFT	Pix4	46,159	47,342	1	3	21	2	0	103	
	—	16,939	18,819	103	97	12	116	12,415	39	
	Pix1	15,073	17,178	91	88	11	97	10,103	35	
	Pix2	36,597	36,701	4	5	20	5	16,454	45	
	Pix3	22,410	32,561	5	4	14	5	17,727	57	
833 NON-EXTENSIVE BURNS WITH WOUND DEBRIDEMENT OR OTHER BURN PROCEDURES	Pix4	175,263	147,703	7	4	52	9	167,331	173	
	—	.	7,614	.	2	0	0	0	0	
	Pix1	.	4,406	.	1	0	0	0	0	
	Pix3	.	10,823	.	1	0	0	0	0	
	Pix4	116,220	.	1	.	48	1	0	48	
834 NON-EXTENSIVE BURNS WITHOUT BURN PROCEDURES	—	5,994	6,067	79	88	5	182	6,080	16	
	Pix1	5,906	5,316	76	82	5	171	6,167	16	
	Pix2	7,913	10,938	2	2	8	3	3,849	25	
	Pix3	13,090	26,190	2	2	21	7	5,989	79	
	Pix4	.	24,918	.	2	0	0	0	0	
840 OTHER ADMISSIONS WITH SURGERY	—	33,917	35,112	417	462	32	608	45,849	182	
	Pix1	8,489	7,922	249	254	6	374	10,515	49	
	Pix2	33,105	34,399	42	47	39	78	26,398	141	
	Pix3	44,968	65,169	29	43	43	48	39,012	205	
	Pix4	116,132	99,656	76	96	99	108	65,978	261	

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		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
841 REHABILITATION	—	29,436	27,650	1,483	1,627	44	5,787	19,422	115
	Pix1	25,228	23,824	955	952	40	4,383	16,046	98
	Pix2	34,930	32,109	287	356	51	724	19,722	135
	Pix3	34,683	30,212	132	174	51	455	22,135	146
	Pix4	52,236	43,886	110	155	63	225	36,379	182
842 SIGNS AND SYMPTOMS	—	7,934	8,218	494	459	11	1,348	6,430	39
	Pix1	5,919	5,871	313	303	8	991	4,733	29
	Pix2	10,937	11,389	95	83	15	196	10,283	58
	Pix3	15,584	13,220	56	37	23	91	10,998	75
	Pix4	24,495	23,234	48	34	32	70	19,149	112
846 AFTERCARE FOLLOWING SURGERY OR TREATMENT	—	1,440	1,460	2,980	2,604	1	3,784	2,068	4
	Pix1	1,238	1,436	2,593	2,553	1	3,719	1,931	1
	Pix2	5,178	3,642	29	53	4	44	6,318	95
	Pix3	16,905	7,666	6	3	13	14	15,704	131
	Pix4	37,078	15,022	4	2	27	7	34,050	207
847 OTHER SPECIFIED AFTERCARE	—	11,182	12,307	623	612	13	2,686	12,393	67
	Pix1	10,721	11,885	559	538	13	2,270	12,250	66
	Pix2	13,452	10,545	36	46	18	253	11,716	68
	Pix3	15,671	12,713	16	14	19	113	12,966	87
	Pix4	21,140	26,799	13	10	28	50	16,332	123
849 MULTIPLE OR UNSPECIFIED CONGENITAL ANOMALIES	—	7,700	2,415	12	3	4	16	9,227	34
	Pix1	4,902	2,415	10	3	3	12	4,126	10
	Pix2	34,212	.	1	.	16	2	0	46
	Pix3	9,167	.	1	.	4	2	0	34
850 PERINATAL CONDITIONS AGE > 28 DAYS	—	23,371	22,205	71	87	21	107	15,818	67
	Pix1	17,333	21,956	34	53	18	54	13,766	66
	Pix2	23,938	24,313	7	6	19	10	16,685	78
	Pix3	25,760	15,554	19	22	23	28	13,229	59
	Pix4	40,801	80,991	11	10	31	15	25,180	88

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
851 OTHER FACTORS CAUSING HOSPITALIZATION	—	3,395	3,601	259	225	4	4,404	4,685	41
	Pix1	3,077	3,228	245	211	3	3,714	4,290	32
	Pix2	6,116	6,030	9	9	7	369	5,700	66
	Pix3	19,338	13,837	5	3	36	232	13,523	79
	Pix4	167,100	9,342	1	1	68	89	0	124
852 PROCEDURES CANCELLED (MNRH)	—	464	495	690	518	1	1,298	848	1
	Pix1	462	490	680	511	1	1,279	852	1
	Pix2	473	796	9	5	1	18	305	1
	Pix3	1,989	1,146	1	2	1	1	0	1
860 RESPIRATORY TRACT DISORDERS WITH HIV	—	10,708	10,885	76	45	10	96	14,744	33
	Pix9	10,708	10,885	76	45	10	96	14,744	33
861 CNS INFECTION WITH HIV	—	23,024	14,932	5	7	17	8	16,382	61
	Pix9	23,024	14,932	5	7	17	8	16,382	61
862 GI AND HEPATOBIILIARY DISORDERS WITH HIV	—	4,179	9,686	5	6	6	12	2,429	29
	Pix9	4,179	9,686	5	6	6	12	2,429	29
863 OPHTHALMIC DISORDERS WITH HIV	—	29,684	13,449	4	2	29	4	28,878	86
	Pix9	29,684	13,449	4	2	29	4	28,878	86
864 BLOOD INFECTIONS WITH HIV	—	19,087	4,448	9	2	11	10	20,894	45
	Pix9	19,087	4,448	9	2	11	10	20,894	45
865 LYMPHOMA WITH HIV	—	13,639	3,569	4	1	16	6	10,038	42
	Pix9	13,639	3,569	4	1	16	6	10,038	42
866 PSYCHOSOCIAL CONDITIONS WITH HIV	—	10,540	76,954	7	2	11	7	15,626	57
	Pix9	10,540	76,954	7	2	11	7	15,626	57
867 OTHER CONDITIONS ASSOCIATED WITH HIV	—	4,045	14,379	4	1	6	5	1,691	25
	Pix9	4,045	14,379	4	1	6	5	1,691	25
868 MISCELLANEOUS CONDITIONS WITH HIV	—	13,065	11,218	20	23	11	31	14,179	38
	Pix9	13,065	11,218	20	23	11	31	14,179	38

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CMG Description	Pix Level	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006			
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point
880 AMPUTATION OF LOWER LIMB EXCEPT TOE WITH MAJOR VASCULAR SURGERY	—	39,530	34,550	40	38	33	45	28,612	105
	Pix1	26,125	21,868	11	19	20	13	12,380	52
	Pix2	29,143	18,026	5	2	23	7	21,210	71
	Pix3	27,217	25,843	7	5	23	9	12,090	83
	Pix4	52,191	65,361	13	12	40	16	36,754	164
881 AMPUTATION OF LOWER LIMB EXCEPT TOE	—	23,110	22,156	219	201	23	295	19,908	86
	Pix1	12,464	12,076	102	89	12	135	8,076	42
	Pix2	31,051	22,577	45	36	33	59	22,540	88
	Pix3	21,437	23,122	24	32	22	33	20,235	90
	Pix4	50,338	51,003	52	44	48	68	36,549	178
882 WOUND DEBRIDEMENT OR OTHER AMPUTATION WITH MAJOR VASCULAR SURGERY	—	20,004	28,495	12	11	14	12	10,171	80
	Pix1	24,072	18,599	5	3	18	5	14,131	74
	Pix2	16,904	22,341	5	3	11	5	4,700	53
	Pix3	17,587	19,020	2	1	12	2	10,407	77
	Pix4	.	42,900	.	4	0	0	0	0
883 WOUND DEBRIDEMENT AND GRAFTING OTHER THAN HAND	—	20,971	21,261	27	20	18	36	23,688	75
	Pix1	10,071	13,586	19	13	8	24	7,810	48
	Pix2	71,399	20,236	4	4	89	5	45,853	176
	Pix3	31,550	.	3	.	29	3	18,937	66
	Pix4	69,341	74,977	3	5	63	4	25,241	135
884 OTHER AMPUTATIONS INCLUDING TOE	—	15,267	14,762	45	44	16	72	12,968	59
	Pix1	10,013	8,078	22	26	11	31	7,198	36
	Pix2	11,818	20,663	12	7	15	20	7,416	52
	Pix3	25,973	16,064	4	6	39	7	10,470	84
	Pix4	37,582	41,562	10	4	38	14	21,956	131

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
CMG Description 885 AORTIC REPLACEMENT	—	22,805	20,490	317	183	8	348	11,223	26	
	Pix1	19,715	16,641	212	115	6	222	7,867	19	
	Pix2	26,781	23,235	25	19	12	27	13,533	28	
	Pix3	27,478	25,632	43	26	12	44	13,599	29	
	Pix4	39,401	42,702	45	31	16	55	21,787	54	
887 VASCULAR BYPASS SURGERY	—	16,430	15,054	336	258	9	404	11,332	26	
	Pix1	12,826	12,541	223	181	7	260	5,911	19	
	Pix2	18,696	17,387	49	28	11	56	8,418	31	
	Pix3	19,262	18,390	38	30	11	41	9,081	30	
	Pix4	45,854	42,098	41	26	25	47	24,104	65	
890 OTHER THORACO-ABDOMINAL PROCEDURES	—	18,043	14,377	49	40	9	56	19,589	37	
	Pix1	10,862	8,856	30	18	6	34	6,817	20	
	Pix2	16,721	14,399	3	6	11	4	7,340	38	
	Pix3	22,069	17,779	8	7	15	9	15,697	47	
	Pix4	41,443	29,012	8	9	16	9	36,206	65	
891 VASCULAR REPAIR	—	13,405	11,360	167	129	6	215	13,647	22	
	Pix1	10,668	9,579	124	104	5	162	8,177	16	
	Pix2	19,570	17,300	16	7	8	20	13,033	34	
	Pix3	11,786	17,566	18	13	7	22	6,278	33	
	Pix4	49,360	50,665	10	14	24	11	29,087	79	
892 OTHER VASCULAR PROCEDURES	—	9,664	8,522	91	65	5	166	7,656	16	
	Pix1	8,616	8,210	78	52	4	138	6,359	13	
	Pix2	14,663	11,473	10	9	12	18	7,723	44	
	Pix3	18,228	19,873	5	6	10	6	14,632	38	
	Pix4	50,131	60,660	4	1	24	4	33,850	76	
893 VEIN LIGATION AND STRIPPING (MNRH)	—	2,353	2,014	15	24	1	141	730	1	
	Pix1	2,353	2,014	15	24	1	140	730	1	
	Pix3	12,029	.	1	.	9	1	0	9	

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									Point	Point
895 DEEP VEIN THROMBOPHLEBITIS	—	5,732	5,055	233	242	7	551	4,701	24	24
	Pix1	4,821	4,392	166	162	6	429	4,006	18	18
	Pix2	7,306	5,922	36	47	10	67	5,254	28	28
	Pix3	8,924	7,089	23	31	11	42	7,002	41	41
	Pix4	17,411	38,798	10	4	20	13	15,130	82	82
898 PERIPHERAL VASCULAR DISEASE	—	6,593	5,649	174	158	6	356	7,105	23	23
	Pix1	5,181	4,648	127	114	5	270	4,446	19	19
	Pix2	7,084	7,628	20	30	8	39	4,811	36	36
	Pix3	10,791	11,634	20	15	12	33	7,086	48	48
	Pix4	19,583	25,753	9	8	10	14	20,267	50	50
900 EXTENSIVE UNRELATED O.R. PROCEDURES	—	28,509	32,557	278	286	19	347	26,783	82	82
	Pix1	14,254	17,649	115	106	8	141	10,291	31	31
	Pix2	23,263	23,690	41	30	21	50	13,176	76	76
	Pix3	27,562	34,299	31	34	23	43	18,860	90	90
	Pix4	51,625	53,783	90	119	34	113	35,510	121	121
901 NON-EXTENSIVE UNRELATED O.R. PROCEDURES	—	18,822	17,816	832	748	13	1,167	21,932	57	57
	Pix1	8,405	7,855	458	412	6	672	7,748	28	28
	Pix2	18,858	16,702	96	72	16	144	18,960	58	58
	Pix3	23,287	22,344	92	94	20	128	18,774	69	69
	Pix4	48,573	47,749	187	172	29	223	37,389	110	110
902 POST-OPERATIVE COMPLICATIONS WITH UNRELATED O.R. PROCEDURES	—	19,195	15,207	68	72	11	87	19,196	47	47
	Pix1	8,542	8,310	36	42	4	50	5,745	22	22
	Pix2	16,415	18,164	8	12	11	10	5,118	43	43
	Pix3	17,196	22,070	10	9	12	11	5,596	55	55
	Pix4	67,771	51,264	13	11	32	16	33,939	86	86
906 UNRELATED O.R. PROCEDURES (MNRH)	—	13,755	13,150	190	133	13	259	12,777	50	50
	Pix1	8,616	8,171	123	87	8	180	6,889	34	34
	Pix2	15,470	14,206	19	13	19	27	9,809	68	68
	Pix3	16,091	27,988	20	14	17	21	10,897	74	74
	Pix4	35,577	29,979	27	19	27	31	16,964	91	91

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		Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006				
	Pix Level	2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Ave LOS Costed Cases	Activity Volume	Standard Deviation	Trim Point	
CMG Description										
908 OTHER MAJOR PROCEDURES FOR GYNECOLOGICAL MALIGNANCY	— Pix1 Pix2	4,815 4,671 5,964	5,410 5,739 8,565	9 8 1	18 18 1	3 3 4	13 12 1	2,550 2,687 0	11 8 23	
909 OBSOLETE PSYCHIATRIC DIAGNOSES (MNRH)	— Pix9	6,246 6,246	7,018 7,018	156 156	155 155	10 10	429 429	6,576 6,576	42 42	
910 DIAGNOSIS NOT GENERALLY HOSPITALIZED	— Pix9	3,672 3,672	2,622 2,622	88 88	78 78	2 2	249 249	6,015 6,015	4 4	
912 OBSTETRIC CODES INVALID AS MOST RESPONSIBLE DIAGNOSIS	— Pix9	3,360 3,360	1,807 1,807	5 5	5 5	3 3	21 21	1,718 1,718	7 7	
998 NEONATE WITH CATASTROPHIC DIAGNOSIS LOS < 6 DAYS	— Pix9	7,875 7,875	4,602 4,602	5 5	5 5	4 4	6 6	2,370 2,370	8 8	
999 UNGROUPABLE DATA	— Pix9	3,572 3,572	2,896 2,896	26 26	20 20	2 2	2,712 2,712	3,795 3,795	7 7	
Total Records				193,369	185,112		364,714			

Alberta Case Cost For 2005/2006 Hospital Activity
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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
1.1	NERVE & OTHER, LOCAL ANAESTHETIC	176	233	996	766	1,811	108
1.2	NERVE & OTHER, GENERAL ANAESTHETIC	1,695	1,791	769	746	1,130	824
1.3	NERVE & OTHER, OTHER ANAESTHETIC	1,020	872	227	244	1,480	910
1.4	NERVE & OTHER, NO ANAESTHETIC	95	108	636	949	736	54
2	SPINAL	681	701	1,640	1,819	4,018	738
3	NERVE INJECTION	97	91	686	1,077	1,425	118
4	ORBITAL & OTHER EYE	975	1,251	1,721	1,324	4,118	850
5	LENS INTERVENTIONS	563	634	8,009	7,125	26,104	300
6	IRIS & OTHER EYE	97	96	860	765	1,008	152
7	STRABISMUS	1,456	1,476	872	851	1,116	479
8	EXTERNAL EYE	408	413	5,466	5,757	19,104	685
9	BRONCH/PHARYNX	1,665	1,262	38	53	58	958
10	TYMpanoplasty	1,499	1,509	617	688	872	1,373
11	SINUS INTERVENTIONS	1,622	1,607	772	793	1,503	643
12	OTHER SINUS	1,224	1,087	75	69	508	718
13	TONSILS & ADENOIDS 12+ YEARS	1,030	1,011	1,030	931	2,060	490
13.1	TONSILS & ADENOIDS 0 < 6 YEARS	1,300	1,107	540	522	777	391
13.2	TONSILS & ADENOIDS 6 < 12 YEARS	1,307	1,145	822	791	1,212	365
14	NASAL INTERVENTIONS	609	699	2,954	2,763	8,509	678
15	OTHER RESPIRATORY	958	1,102	176	194	567	659
16	EXTERNAL EAR 18 + YEARS	295	356	361	297	2,844	330
16.1	EXTERNAL EAR 0 < 1.5 YEARS	850	719	203	208	387	249
16.2	EXTERNAL EAR 1.5 < 6 YEARS	774	678	955	958	1,786	267

Alberta Case Cost For 2005/2006 Hospital Activity
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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
16.3	EXTERNAL EAR 6 < 12 YEARS	724	638	431	413	906	320
16.4	EXTERNAL EAR 12 < 18 YEARS	691	585	90	83	295	400
17	RESPIRATORY ENDOSCOPY - ENT	488	523	3,055	2,832	5,057	448
18	PACEMAKER IMPLANT	7,781	16,946	421	329	1,255	2,703
19	CARDIAC CATHETER 18 + YEARS	1,619	1,432	3,488	3,280	9,534	1,087
19.1	CARDIAC CATHETER 0 < 6 YEARS	5,892	4,516	54	54	65	4,152
19.2	CARDIAC CATHETER 6 < 18 YEARS	4,899	4,984	58	134	116	2,943
20	ANGIOGRAPHY 18 + YEARS	2,121	2,213	2,180	2,497	3,926	2,400
20.1	ANGIOGRAPHY 0 < 6 YEARS	1,487	1,193	14	6	15	2,706
20.2	ANGIOGRAPHY 6 < 12 YEARS	2,420	1,195	8	3	10	3,068
20.3	ANGIOGRAPHY 12 < 18 YEARS	1,514	2,083	13	28	31	1,956
21	VASCULAR INTERVENTIONS 18 + YEARS	1,709	1,635	1,498	1,542	3,746	1,237
21.1	VASCULAR INTERVENTIONS 0 < 18 YEARS	1,152	1,211	130	129	158	620
22	OTHER VASCULAR INTERVENTIONS	1,375	1,217	419	750	900	961
23.1	LYMPHATIC INTERVENTIONS, LOCAL ANAESTHETIC	343	597	61	34	169	291
23.2	LYMPHATIC INTERVENTIONS, GENERAL ANAESTHETIC	2,228	2,440	505	492	712	1,061
23.3	LYMPHATIC INTERVENTIONS, OTHER ANAESTHETIC	862	868	158	127	193	588
23.4	LYMPHATIC INTERVENTIONS, NO ANAESTHETIC	208	278	90	123	174	132
24	MINOR VASCULAR	215	222	3,784	3,159	9,080	242
25	CHOLECYSTECTOMY	1,903	1,859	1,587	1,685	3,027	645
26	HERNIA	1,633	1,605	3,272	3,210	6,835	581
27	ERCP	1,407	1,519	981	1,021	2,358	570

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
28.1	ENDOSCOPY GI - LOW	617	618	1,312	1,141	2,005	381
28.2	ENDOSCOPY GI - MEDIUM	523	500	30,162	29,087	60,874	270
28.3	ENDOSCOPY GI - HIGH	589	581	4,011	3,577	7,997	225
29.1	ANO-RECTAL INTERVENTIONS, LOCAL ANAESTHETIC	187	246	79	62	301	121
29.2	ANO-RECTAL INTERVENTIONS, GENERAL ANAESTHETIC	1,155	1,184	456	510	1,028	503
29.3	ANO-RECTAL INTERVENTIONS, OTHER ANAESTHETIC	607	647	1,148	1,155	2,519	291
29.4	ANO-RECTAL INTERVENTIONS, NO ANAESTHETIC	139	154	257	219	545	59
30.1	MINOR ANAL INTERVENTIONS, LOCAL ANAESTHETIC	136	167	130	134	398	102
30.2	ANAESTHETIC	1,601	1,535	269	226	440	908
30.3	MINOR ANAL INTERVENTIONS, OTHER ANAESTHETIC	653	653	3,190	2,036	4,433	314
30.4	MINOR ANAL INTERVENTIONS, NO ANAESTHETIC	301	313	1,231	1,128	3,657	231
31	MECHANICAL IMPLANTS	2,046	2,562	176	167	179	3,057
32	LITHOTRIPSY	792	712	2,650	2,490	2,669	289
33	UPPER URINARY INTERVENTIONS	1,634	1,556	1,124	937	2,134	969
34.1	LOWER URI & GENITAL	1,498	1,417	1,362	1,157	2,138	715
34.2	RECONSTRUCTION, VAS DEFERENS	2,318	2,600	29	31	64	1,286
35.1	BLADDER & URETHRAL INTERVENTIONS, LOCAL ANAESTHETIC	259	243	16,401	14,898	19,945	143
35.2	BLADDER & URETHRAL INTERVENTIONS, GENERAL ANAESTHETIC	1,138	1,094	952	997	1,479	494
35.3	BLADDER & URETHRAL INTERVENTIONS, OTHER ANAESTHETIC	630	669	796	781	1,019	371
35.4	BLADDER & URETHRAL INTERVENTIONS, NO ANAESTHETIC	275	283	119	193	3,302	167

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
36.1	VASECTOMY	365	327	1,343	1,224	2,888	277
36.2	OTHER MALE GENITAL INTERVENTIONS	1,303	1,373	478	537	664	467
37	CIRCUMCISION 18 + YEARS	1,103	1,077	305	265	460	547
37.1	CIRCUMCISION 0 < 1.5 YEARS	195	220	946	855	2,258	203
37.2	CIRCUMCISION 1.5 < 6 YEARS	1,285	1,064	150	139	290	326
37.3	CIRCUMCISION 6 < 12 YEARS	1,271	1,116	137	127	217	394
37.4	CIRCUMCISION 12 < 18 YEARS	1,223	1,146	53	67	76	482
38	URO DIAGNOSTIC INTERVENTIONS	307	352	3,916	3,250	7,465	226
39	UTERUS & ADNEXAL INTERVENTION	1,473	1,420	2,628	2,372	5,695	593
40	ENDO & GYN INTERVENTIONS	950	934	2,708	2,733	7,504	349
41	MINOR GYN INTERVENTIONS	262	282	5,668	5,362	21,178	266
42	EVACUATIONS	747	627	1,077	2,643	14,216	279
43	MAXILLO-FACIAL	1,253	1,380	149	170	621	981
44	OTHER BONE INTERVENTIONS	1,154	1,250	162	171	342	835
45.1	UPPER EXTREMITY INTERVENTIONS	791	905	474	519	1,144	732
45.2	SHOULDER INTERVENTIONS	2,107	2,085	389	353	1,371	858
46	OPEN REDUCTIONS	1,621	1,557	569	566	1,044	1,177
47	TENDON & MUSCLE INTERVENTIONS	804	770	1,627	1,574	4,009	811
48	CLOSED REDUCTIONS	373	373	4,074	4,155	11,191	320
49	LOWER EXTREMITY	1,703	1,710	89	59	184	743
50	KNEE INTERVENTIONS	1,352	1,302	3,485	3,517	8,230	707
51	HAND, ANKLE & FOOT	1,556	1,498	911	867	2,574	828

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
52.1	REMOVE INT FIXATION, LOWER EXTREMITY	1,003	995	880	874	2,695	701
52.2	OTHER REMOVAL, INT FIXATION	498	488	793	819	1,688	559
53	SOFT TISSUE INTERVENTIONS	504	565	1,360	1,388	3,558	563
54	MANIPULATIONS	840	690	108	79	267	579
55	MASTECTOMY	757	758	823	847	3,710	882
56.1	AUGMENT/REDUC BREAST BILATERAL	2,399	2,649	578	712	1,151	958
56.2	AUGMENT/REDUC BREAST UNILATERAL	2,052	1,978	279	240	487	1,095
57	BREAST PLASTIC INTERVENTIONS	958	1,060	521	505	1,019	1,022
58.1	EAR & CLEFT LIP RECONSTRUCTION	2,157	1,994	33	26	39	819
58.2	FACE RHYTIDECTOMY	2,489	2,583	57	65	92	1,402
58.3	OTHER PLASTIC RECONSTRUCTION	1,170	1,223	1,186	1,161	3,547	920
59.1	SKIN INTERVENTIONS, LOCAL ANAESTHETIC	137	156	13,927	12,148	57,934	129
59.2	SKIN INTERVENTIONS, GENERAL ANAESTHETIC	1,434	1,451	1,004	1,003	3,019	704
59.3	SKIN INTERVENTIONS, OTHER ANAESTHETIC	219	221	2,392	2,097	5,532	320
59.4	SKIN INTERVENTIONS, NO ANAESTHETIC	138	166	5,676	5,842	45,645	103
60	DENTAL SURGERY	1,422	1,278	1,746	1,565	8,106	904
61.1	BIOPSY, OTHER	823	883	716	769	1,495	558
61.2	BIOPSY, PERCUTANEOUS	722	870	3,731	4,011	8,186	573
62	HEMODIALYSIS	329	318	99,102	98,758	192,710	78
63	TRANSFUSIONS	515	602	3,575	4,292	10,210	370
64	CARDIOVERSION	526	510	786	676	1,727	405
65	CHEMOTHERAPY - ONCOLOGY	386	421	117	216	1,660	547
66	MYELOGRAM	839	808	28	43	243	314

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ACCS Code	Description	Average Cost * prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
68	THYROID INTERVENTIONS	1,816	2,073	29	23	61	880
69	PAROTID DUCT INTERVENTIONS	1,671	2,264	16	22	49	1,139
70	APPENDECTOMY	1,894	2,065	19	18	86	584
71	GASTRO-INTESTINAL RELATED INTERVENTIONS	428	391	1,069	1,124	2,117	319
72	PERITONEAL DIALYSIS	561	483	902	552	1,615	355
72.1	HOME PERITONEAL DIALYSIS TEACHING	207	187	2,909	2,915	2,987	218
74	HOSPITAL VISIT INCLUDING NUCLEAR IMAGING	1,072	1,229	3,272	2,984	11,276	396
75	HOSPITAL VISIT INCLUDING CAT SCAN	668	761	24,876	24,046	64,088	461
76	HOSPITAL VISIT INCLUDING MRI	996	1,241	902	855	5,638	619
77	HOSPITAL VISIT INCLUDING RADIOTHERAPY	257	405	123	181	150	216
78	DISCRETE CHEST XRAY	70	72	9,671	8,373	78,999	34
79	DISCRETE OTHER XRAY	173	180	20,975	22,255	181,216	130
81	DISCRETE ULTRASOUND	299	353	14,162	13,839	74,028	192
82.1	EXTENSIVE SLEEP STUDIES	1,097	1,176	1,664	1,442	3,212	477
82.2	OTHER SLEEP LABS	.	693	.	2	.	0
83	INNER EAR	2,448	2,348	112	116	128	1,174
84	HYPERBARIC CHAMBER	268	275	1,372	1,354	2,355	177
86	DISCRETE NUCLEAR IMAGING	656	773	5,632	5,371	17,514	317
87	DISCRETE CAT SCAN	286	353	35,689	31,956	92,525	160
88	DISCRETE MRI	478	552	49,620	44,453	72,326	221
89	DISCRETE RADIOTHERAPY	174	185	222	236	553	79
201	DIAG INV GENERAL CARDIAC 0 < 12 YEARS	284	289	114	131	313	187
203	DIAG INV GENERAL CARDIAC 12 < 18 YEARS	302	310	165	139	365	197

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
205	DIAG INV GENERAL CARDIAC 18+ YEARS	401	413	7,094	7,103	17,940	205
206	MANAGEMENT GENERAL CARDIAC 0 < 1.5 YEARS	119	115	301	513	1,709	105
207	MANAGEMENT GENERAL CARDIAC 1.5 < 12 YEARS	129	123	947	999	3,764	73
208	MANAGEMENT GENERAL CARDIAC 12 < 18 YEARS	123	129	613	581	2,629	80
210	MANAGEMENT GENERAL CARDIAC 18+ YEARS	133	142	35,273	33,275	85,361	192
213	DYSRHYTHMIA & CONDUCTIVE DISORDERS	216	223	6,584	6,343	26,799	214
214	CONGESTIVE HEART FAILURE	225	223	3,751	3,941	9,515	163
215	INFLAMMATORY CARDIAC	286	266	190	118	354	217
216	CONGENITAL HEART DISEASE	248	233	891	775	3,559	579
217	DIAG INV ANGINA	527	527	806	981	1,891	412
218	MANAGEMENT ANGINA	103	116	6,786	8,531	13,957	120
219	DIAG INV VASCULAR	338	385	678	563	2,216	163
220	MANAGEMENT VASCULAR	112	132	2,401	2,291	12,539	108
251	DIAG INV GENERAL ENDOCRINAL 0 < 18 YEARS	194	216	140	140	316	163
254	DIAG INV GENERAL ENDOCRINAL 18 + YEARS	317	288	73	63	188	198
255	MANAGEMENT GENERAL ENDOCRINAL 0 < 1.5 YEARS	153	129	331	337	975	216
256	MANAGEMENT GENERAL ENDOCRINAL 1.5 < 6 YEARS	124	101	403	320	1,381	205
257	MANAGEMENT GENERAL ENDOCRINAL 6 < 18 YEARS	161	80	874	727	2,325	295
258	MANAGEMENT GENERAL ENDOCRINAL 18 + YEARS	86	75	3,635	4,415	11,702	99
259	MANAGEMENT DIABETES < 18 YEARS	180	240	2,347	2,071	5,092	104
260	MANAGEMENT DIABETES 18 + YEARS	146	142	10,158	16,923	37,995	138
262	THYROTOXICOSIS	74	64	964	1,136	1,390	65
264	MANAGEMENT KETOACIDOSIS	499	579	37	36	120	229

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		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
266	FLUID & ELECTROLYTE < 6 YEARS	358	401	321	320	562	218
267	FLUID & ELECTROLYTE 6 + YEARS	307	328	1,502	1,680	4,841	227
301	DIAG INV GENERAL ENT	233	246	3,459	3,657	10,457	108
303	MANAGEMENT GENERAL ENT	127	157	22,705	21,379	158,225	331
305	OTITIS MEDIA	96	103	6,810	6,019	41,590	75
306	EPISTAXIS	105	135	1,093	1,080	4,205	85
351	DIAG INV GENERAL FEMALE GENITAL DISORDERS < 45 YEARS	475	502	469	422	1,290	284
352	DIAG INV GENERAL FEMALE GENITAL DISORDERS 45 + YEARS	392	438	107	75	231	290
353	MANAGEMENT GENERAL FEMALE GENITAL DISORDERS < 18 YEARS	144	158	449	498	2,183	137
354	MANAGEMENT GENERAL FEMALE GENITAL DISORDERS 18 < 45 YEARS	117	126	6,531	5,554	18,564	134
355	MANAGEMENT GENERAL FEMALE GENITAL DISORDERS 45 + YEARS	127	129	1,890	1,755	7,718	111
356	MANAGEMENT CONTRACEPTIVE	94	81	1,840	2,218	8,765	90
357	DIAG INV GENERAL MALE GENITAL DISORDERS < 18 YEARS	375	448	121	114	202	145
358	DIAG INV GENERAL MALE GENITAL DISORDERS 18 + YEARS	371	379	261	189	601	171
359	MANAGEMENT GENERAL MALE GENITAL DISORDERS < 18 YEARS	106	103	718	742	3,269	104
360	MANAGEMENT GENERAL MALE GENITAL DISORDERS 18 + YEARS	81	104	2,591	1,683	7,252	97

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
361	DIAG INV OTHER GENITOUROLOGICAL DISORDERS < 18 YEARS	388	371	341	314	852	243
362	DIAG INV OTHER GENITOUROLOGICAL DISORDERS 18 + YEARS	355	398	2,297	2,162	6,446	198
363	MANAGEMENT OTHER GENITOUROLOGICAL DISORDERS < 18 YEARS	160	153	3,573	3,541	12,654	184
364	MANAGEMENT OTHER GENITOUROLOGICAL DISORDERS 18 + YEARS	113	116	25,578	23,730	82,829	126
400	DIAG INV GENERAL GASTROINTESTINAL 0 < 1.5 YEARS	341	343	401	419	650	261
401	DIAG INV GENERAL GASTROINTESTINAL 1.5 < 6 YEARS	317	306	577	625	1,111	188
402	DIAG INV GENERAL GASTROINTESTINAL 6 < 18 YEARS	349	358	1,490	1,657	3,384	199
403	YEARS	405	434	3,880	3,921	11,404	197
404	YEARS	412	427	2,212	2,196	6,246	191
405	DIAG INV GENERAL GASTROINTESTINAL 65 + YEARS	426	458	1,657	1,879	4,939	186
406	MANAGEMENT GENERAL GASTROINTESTINAL 0 < 1.5 YEARS	132	138	5,262	5,127	12,534	126
407	MANAGEMENT GENERAL GASTROINTESTINAL 1.5 < 6 YEARS	145	154	5,028	4,924	12,787	125
408	MANAGEMENT GENERAL GASTROINTESTINAL 6 < 18 YEARS	154	154	6,324	5,896	20,612	198
409	MANAGEMENT GENERAL GASTROINTESTINAL 18 < 45 YEARS	123	143	17,343	15,901	75,623	154
410	MANAGEMENT GENERAL GASTROINTESTINAL 45 < 65 YEARS	119	135	8,500	7,153	34,379	124

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
411	MANAGEMENT GENERAL GASTROINTESTINAL 65 + YEARS	136	153	3,885	3,460	18,934	135
412	CONSTIPATION WITH DISIMPACTON	431	411	24	31	77	279
413	GI BLEED/PERFORATION/OBSTRUCTION	195	233	1,492	1,512	12,264	205
451	DIAG INV HEMATOLOGICAL	361	402	434	419	1,153	330
452	MANAGEMENT HEMATOLOGICAL 0 < 6 YEARS	202	215	940	832	2,188	215
453	MANAGEMENT HEMATOLOGICAL 6 < 12 YEARS	219	196	920	954	1,782	250
454	MANAGEMENT HEMATOLOGICAL 12 < 18 YEARS	218	227	710	993	1,639	264
455	MANAGEMENT HEMATOLOGICAL 18 < 65 YEARS	154	193	4,230	5,076	12,512	192
456	MANAGEMENT HEMATOLOGICAL 65 + YEARS	118	170	1,971	2,402	6,940	145
501	DIAG INV HEPATOBIARY	493	551	977	898	2,133	229
502	MANAGEMENT HEPATOBIARY	84	92	5,880	5,814	17,475	107
551	DIAG INV INFLAM MUSCULOSKELETAL 0 < 6 YEARS	538	350	21	14	72	477
553	DIAG INV INFLAM MUSCULOSKELETAL 6 < 12 YEARS	566	269	35	47	164	1,018
554	DIAG INV INFLAM MUSCULOSKELETAL 12 < 18 YEARS	279	239	60	61	244	307
555	DIAG INV INFLAM MUSCULOSKELETAL 18 + YEARS	230	242	1,806	1,734	7,050	132
556	DIAG INV OTHER MUSCULOSKELETAL < 18 YEARS	145	136	7,149	7,457	18,651	98
557	DIAG INV OTHER MUSCULOSKELETAL 18 + YEARS	152	154	33,137	30,744	82,262	89
558	YEARS	181	152	161	139	432	291
560	MANAGEMENT INFLAM MUSCULOSKELETAL 6 < 12 YEARS	185	125	263	192	866	289
561	MANAGEMENT INFLAM MUSCULOSKELETAL 12 < 18 YEARS	132	108	303	291	1,272	236

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
562	MANAGEMENT INFLAM MUSCULOSKELETAL 18 + YEARS	76	81	12,640	11,486	41,312	81
563	YEARS	78	78	5,260	5,026	21,298	147
564	YEARS	66	65	39,660	39,499	126,186	90
565	DEFORMITIES	277	346	45	42	865	285
566	DEFORMITIES	287	222	414	273	3,719	266
567	DIAG INV OTHER INFLAM MUSCULOSKELETAL	202	221	712	765	2,999	143
568	MANAGEMENT OTHER INFLAM MUSCULOSKELETAL	90	107	2,198	2,077	12,509	127
569	INFECTIOUS MUSCULOSKELETAL	185	168	1,170	1,233	1,913	258
601	DIAG INV GENERAL NEUROLOGY	318	305	520	532	2,485	433
602	MANAGEMENT GENERAL NEUROLOGY 0 < 6 YEARS	124	138	1,222	1,115	3,800	146
603	MANAGEMENT GENERAL NEUROLOGY 6 < 12 YEARS	146	162	1,141	1,138	3,222	168
604	MANAGEMENT GENERAL NEUROLOGY 12 < 18 YEARS	133	140	920	751	2,903	218
605	MANAGEMENT GENERAL NEUROLOGY 18 < 65 YEARS	109	129	4,815	4,754	38,192	105
606	MANAGEMENT GENERAL NEUROLOGY 65 + YEARS	168	192	2,056	2,176	12,271	205
607	MIGRAINE HEADACHE	117	124	3,863	4,159	24,037	105
608	DIAG INV HEADACHE	305	320	137	165	532	252
609	MANAGEMENT HEADACHE	93	107	4,222	4,359	17,723	81
610	DIAG INV MENINGITIS	551	543	2	7	15	409
611	MANAGEMENT MENINGITIS	150	169	84	131	221	206
612	DIAG INV CEREBROVASCULAR	466	437	582	509	1,533	280
613	MANAGEMENT CEREBROVASCULAR	186	186	7,477	7,227	16,281	142
614	DIAG INV CONVULSIONS	350	384	183	214	515	157

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
615	MANAGEMENT CONVULSIONS	162	156	5,864	5,911	17,330	165
616	DIAG INV VERTIGO	403	406	267	272	890	213
617	MANAGEMENT VERTIGO	151	175	3,005	2,982	12,434	115
651	ANTEPARTUM ROUTINE	138	120	764	1,270	32,300	139
652	POSTPARTUM ROUTINE	137	144	462	374	1,682	120
653	DIAG INV NEONATAL & CONGENITAL	318	303	82	93	176	191
654	MANAGEMENT NEONATAL & CONGENITAL	138	160	1,080	962	4,878	129
656	DELIVERY WITH POSTPARTUM COMPLICATIONS	141	214	14	11	128	79
657	DELIVERY WITHOUT POSTPARTUM COMPLICATIONS	370	81	9	2	77	295
658	UNCOMPLICATED	129	128	2,363	2,174	4,881	125
659	DIAG INV PREGNANCY WITH ABORTIVE	468	554	339	273	1,148	200
660	MANAGEMENT PREGNANCY WITH ABORTIVE OUTCOMES UNCOMPLICATED	175	218	625	602	2,666	116
662	DIAG INV ANTEPARTUM	376	404	4,893	3,894	7,594	176
663	MANAGEMENT ANTEPARTUM	163	149	18,148	18,659	56,082	161
664	DIAG INV PREGNANCY WITH ABORTIVE OUTCOMES COMPLICATED	494	471	59	35	259	192
665	MANAGEMENT PREGNANCY WITH ABORTIVE OUTCOMES COMPLICATED	204	266	133	121	498	173
701	DIAG INV ONCOLOGICAL	353	346	410	427	1,043	246
702	MANAGEMENT ONCOLOGICAL	166	193	3,609	3,722	8,956	187
703	RADIOTHERAPY (INCLUDES DIAGNOSIS CODE V58.0)	416	.	4	.	26	0
704	IV THERAPY - NON CANCER RELATED	132	142	50,710	45,984	182,747	421
751	DIAG INV OPHTHALMOLOGY 0 < 12 YEARS	205	193	100	99	161	210

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
752	DIAG INV OPHTHALMOLOGY 12 < 18 YEARS	195	178	130	105	162	116
753	DIAG INV OPHTHALMOLOGY 18 < 45 YEARS	202	205	1,047	1,022	1,234	115
754	DIAG INV OPHTHALMOLOGY 45 + YEARS	198	218	7,805	6,822	8,317	84
755	MANAGEMENT OPHTHALMOLOGY 0 < 12 YEARS	88	95	4,944	4,253	20,066	60
756	MANAGEMENT OPHTHALMOLOGY 12 < 18 YEARS	88	90	1,648	1,323	4,834	99
757	MANAGEMENT OPHTHALMOLOGY 18 < 45 YEARS	80	93	9,053	7,532	20,957	80
758	MANAGEMENT OPHTHALMOLOGY 45 + YEARS	103	115	30,138	27,668	40,474	92
801	DIAG INV PSYCHIATRY	329	332	428	472	1,388	181
802	MANAGEMENT PSYCHIATRY	155	129	13,090	26,615	50,873	153
803	DRUG & ALCOHOL RELATED CONDITIONS	259	280	4,419	4,294	15,195	205
851	DIAG INV GENERAL RESPIRATORY < 18 YEARS	281	279	4,256	3,890	9,788	158
852	DIAG INV GENERAL RESPIRATORY 18 + YEARS	309	335	9,311	9,234	34,367	178
853	MANAGEMENT GENERAL RESPIRATORY 0 < 1.5 YEARS	159	162	2,821	2,734	8,001	117
854	MANAGEMENT GENERAL RESPIRATORY 1.5 < 6 YEARS	170	166	5,589	4,958	15,814	141
855	MANAGEMENT GENERAL RESPIRATORY 6 < 18 YEARS	166	162	4,861	4,148	18,921	143
856	YEARS	140	154	8,287	6,314	49,901	152
857	MANAGEMENT GENERAL RESPIRATORY 65 + YEARS	231	226	3,509	2,917	14,808	203
863	DIAG INV SEVERE RESPIRATORY DISEASE	416	414	188	304	598	207
864	MANAGEMENT SEVERE RESPIRATORY DISEASE	328	298	523	502	4,511	201
901	DIAG INV SKIN & SOFT TISSUE	219	232	5,182	4,830	15,738	128
902	MANAGEMENT SKIN & SOFT TISSUE	86	98	37,310	35,033	166,912	83
906	CELLULITIS	143	161	5,502	5,064	22,621	134
951	DIAG INV SYSTEMIC INFECTION	292	320	1,850	1,968	3,832	157

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
952	MANAGEMENT SYSTEMIC INFECTION < 18 YEARS	138	144	7,220	7,069	17,675	113
953	MANAGEMENT SYSTEMIC INFECTION 18 < 45 YEARS	109	134	1,313	1,202	6,048	105
954	MANAGEMENT SYSTEMIC INFECTION 45 + YEARS	113	133	954	650	2,876	103
955	DIAG INV AIDS	328	306	128	132	146	274
956	MANAGEMENT AIDS	144	154	2,525	2,502	6,488	155
1001	OPEN FRACTURE FINGERS & TOES	181	193	75	73	350	114
1002	CLOSED FRACTURE FINGERS & TOES	120	121	2,324	2,498	7,982	72
1003	FRACTURED NOSE, OPEN & CLOSED	142	148	446	423	1,573	143
1004	OPEN FRACTURE & DISLOCATIONS OTHER	195	209	418	413	1,407	103
1005	CLOSED FRACTURE & DISLOCATIONS OTHER	174	188	11,922	11,657	50,630	107
1007	OPEN WOUNDS WITHOUT COMPLICATIONS	85	113	5,324	4,789	25,899	82
1008	OPEN WOUND WITH COMPLICATIONS	108	132	903	888	4,647	86
1009	SPRAINS	140	158	14,597	14,008	70,462	90
1010	CONTUSIONS FINGERS/TOES	110	120	1,197	1,170	6,280	50
1011	CONTUSIONS EXCEPT FINGERS/TOES	138	158	10,630	9,793	44,174	106
1012	OPEN WOUND EYE	75	114	261	304	994	74
1013	FOREIGN BODY EYES, EARS, NOSE	67	91	1,084	781	5,976	51
1014	FOREIGN BODY EXCEPT EYES, EARS, NOSE	159	174	828	766	2,557	134
1015	DIAG INV POISONING	488	488	326	305	885	326
1016	MANAGEMENT POISONING	231	279	4,632	3,911	15,629	229
1017	AMPUTATION EXCEPT FINGERS/TOES	142	140	4	1	19	91
1018	ABUSE/SEXUAL ASSAULT 0 < 12 YEARS	271	399	366	308	452	269
1019	ABUSE/SEXUAL ASSAULT 12+ YEARS	199	314	357	340	802	162

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
1020	BURN MODERATE TO SEVERE	109	116	81	109	424	110
1021	MINOR OTHER INJURIES	139	163	8,921	7,283	41,837	147
1022	MODERATE OTHER INJURIES	382	514	1,495	1,270	4,733	1,240
1024	COMAS	199	326	23	36	113	177
1025	SHOCK	240	239	296	255	1,028	166
1027	CLOSED SPINAL FRACTURE & DISLOCATION	295	308	203	217	1,100	170
1028	DIAG INV HEAD INJURY	299	293	426	408	2,505	153
1029	MANAGEMENT HEAD INJURY	101	116	3,120	2,880	11,106	80
1030	DIAG INV THORACO-ABDOMINAL & MAJOR VASCULAR	295	380	85	98	339	172
1031	MANAGEMENT THORACO-ABDOMINAL & MAJOR VASCULAR	122	143	1,346	1,125	5,019	97
1032	BURN MINOR 0 < 6 YEARS	133	141	285	235	1,039	114
1033	BURN MINOR 6 + YEARS	83	98	1,302	1,103	7,086	75
1034	DIAG INV MAJOR OTHER INJURIES	322	287	28	22	85	293
1035	MANAGEMENT MAJOR OTHER INJURIES	244	220	160	164	414	193
1051	ASSESSMENT REFERRAL	80	94	1,293	1,368	1,666	65
1052	ASSESSMENT INTAKE	253	260	8,731	9,014	27,589	192
1053	ASSESSMENT COLLATERAL	158	186	109	77	1,186	102
1056	ASSESSMENT SPECIALIZED	249	235	3,446	3,523	5,753	243
1057	INDIVIDUAL THERAPY	87	99	46,292	34,333	137,290	86
1060	COUPLE THERAPY	171	210	159	148	1,565	77
1061	FAMILY THERAPY	227	236	752	945	5,428	169
1062	GROUP THERAPY	31	28	100,523	92,288	214,279	39

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
1063	ECT	309	334	1,510	1,236	2,087	124
1064	MEDICATION ADMINISTRATION	149	175	7,261	7,770	20,043	69
1065	SUPERVISION	88	99	10,500	15,807	38,289	86
1069	DIAGNOSTIC TESTING/SCORING TESTING TYPE 1	211	197	277	312	643	197
1070	DIAGNOSTIC TESTING/SCORING TESTING TYPE 2	635	648	81	121	385	324
1071	DIAGNOSTIC TESTING/SCORING TESTING TYPE 3	1,249	1,386	51	64	738	208
1072	THERAPEUTIC MILIEU PROGRAMS HALF DAY	70	76	2,975	804	19,222	33
1073	THERAPEUTIC MILIEU PROGRAMS FULL DAY	516	.	2	.	2	189
1074	MENTAL HEALTH EDUCATION 0-120 MIN	85	91	9,942	9,230	10,569	86
1075	MENTAL HEALTH EDUCATION 121-240 MIN	339	550	18	19	18	181
1076	MENTAL HEALTH EDUCATION 241-360 MIN	859	.	1	.	1	0
1078	MENTAL HEALTH RE-ASSESSMENT	264	.	217	.	3,132	104
1101	OT GROUP 1	20	20	14,912	14,508	35,316	10
1102	OT GROUP 2	53	49	13,427	13,884	42,478	63
1103	OT GROUP 3	72	70	5,234	4,273	15,701	27
1104	OT GROUP 4	176	170	17,098	16,511	62,718	188
1105	OT GROUP 5	210	205	1,170	1,200	6,565	149
1106	OT GROUP 6	376	364	602	647	3,265	214
1111	PHYSICAL THERAPY GROUP 1	33	33	22,810	25,561	213,660	28
1112	PHYSICAL THERAPY GROUP 2	52	53	25,683	27,239	244,138	33
1113	PHYSICAL THERAPY GROUP 3	64	67	6,385	6,126	40,983	29
1114	PHYSICAL THERAPY GROUP 4	129	123	19,175	19,650	150,404	123
1115	PHYSICAL THERAPY GROUP 5	176	176	1,101	1,193	7,381	117

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
1116	PHYSICAL THERAPY GROUP 6	334	318	446	494	4,035	215
1121	RECREATIONAL THERAPY GROUP 1	22	21	6,207	6,156	9,413	7
1122	RECREATIONAL THERAPY GROUP 2	47	44	3,133	3,554	4,540	13
1123	RECREATIONAL THERAPY GROUP 3	66	62	281	269	518	13
1124	RECREATIONAL THERAPY GROUP 4	132	117	1,193	1,227	2,394	72
1125	RECREATIONAL THERAPY GROUP 5	186	182	59	71	432	86
1126	RECREATIONAL THERAPY GROUP 6	341	268	15	31	290	141
1131	SPEECH-LANGUAGE PATHOLOGY GROUP 1	32	42	3,007	3,046	35,736	9
1132	SPEECH-LANGUAGE PATHOLOGY GROUP 2	70	63	6,053	5,713	107,276	14
1133	SPEECH-LANGUAGE PATHOLOGY GROUP 3	97	103	275	349	5,249	20
1134	SPEECH-LANGUAGE PATHOLOGY GROUP 4	269	259	11,461	11,649	126,680	219
1135	SPEECH-LANGUAGE PATHOLOGY GROUP 5	264	271	443	444	4,858	141
1136	SPEECH-LANGUAGE PATHOLOGY GROUP 6	555	515	326	340	3,343	362
1141	AUDIOLOGY GROUP 1	46	54	129	138	4,880	7
1142	AUDIOLOGY GROUP 2	74	84	2,340	1,999	10,271	20
1143	AUDIOLOGY GROUP 3	293	295	6,088	5,756	9,511	221
1144	AUDIOLOGY GROUP 4	654	676	302	273	317	362
1151	RESP THERAPY GROUP 1	29	49	5,160	6,115	13,854	70
1152	RESP THERAPY GROUP 2	53	83	9,993	10,084	34,236	74
1153	RESP THERAPY GROUP 3	78	69	6,215	5,133	17,803	87
1154	RESP THERAPY GROUP 4	121	141	7,141	7,271	22,713	90
1155	RESP THERAPY GROUP 5	161	173	3,312	2,957	7,652	95
1156	RESP THERAPY GROUP 6	345	351	3,172	2,492	6,183	277

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ACCS Code	Description	Average Cost *prior year inflated by 4.1%		Costed Cases		Metrics 2005/2006	
		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
1201	CLINICAL NUTRITION GROUP 1	29	31	17,620	20,125	27,326	22
1202	CLINICAL NUTRITION GROUP 2	61	66	12,062	13,248	31,846	33
1203	CLINICAL NUTRITION GROUP 3	91	109	3,448	2,925	9,911	50
1204	CLINICAL NUTRITION GROUP 4	160	172	10,438	11,812	25,751	84
1205	CLINICAL NUTRITION GROUP 5	209	213	1,533	1,314	4,289	90
1206	CLINICAL NUTRITION GROUP 6	326	330	409	426	937	190
1221	SOCIAL WORK GROUP 1	55	55	10,705	10,933	18,125	39
1222	SOCIAL WORK GROUP 2	129	119	7,492	7,925	17,103	75
1223	SOCIAL WORK GROUP 3	208	205	1,395	1,356	3,023	102
1224	SOCIAL WORK GROUP 4	361	323	1,145	1,087	2,483	170
1225	SOCIAL WORK GROUP 5	476	396	144	116	428	214
1226	SOCIAL WORK GROUP 6	845	627	36	17	157	461
1241	PSYCHOLOGY GROUP 1	69	63	4,552	4,328	7,872	47
1242	PSYCHOLOGY GROUP 2	185	172	3,473	3,813	6,324	70
1243	PSYCHOLOGY GROUP 3	313	284	800	836	1,211	126
1244	PSYCHOLOGY GROUP 4	680	598	2,410	2,455	4,759	461
1245	PSYCHOLOGY GROUP 5	838	824	275	303	458	441
1246	PSYCHOLOGY GROUP 6	1,542	1,834	110	129	199	851
1247	PSYCHOLOGY GROUP 7	507	537	104	88	183	345
1248	PSYCHOLOGY GROUP 8	587	628	59	72	59	316
1249	PSYCHOLOGY GROUP 9	930	764	51	45	51	415
2001	CRITICAL CARE UNIT OR O.R. WITH SECONDARY DIAGNOSIS	624	505	1,285	1,500	4,791	564

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		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
2002	CRITICAL CARE UNIT OR O.R. WITHOUT SECONDARY DIAGNOSIS	417	562	2,011	2,204	4,957	665
2003	OTHER UNIT WITH SECONDARY DIAGNOSIS	487	458	17,707	17,125	72,004	374
2004	OTHER UNIT WITHOUT SECONDARY DIAGNOSIS	375	387	18,367	16,941	71,572	343
2021	DOA	28	117	68	22	501	16
2022	DIED DURING VISIT	406	363	184	199	720	476
2023	DEATH - ORGAN DONOR	.	31	.	1	.	0
2041	PATIENT TRANSFERRED WITH SECONDARY DIAGNOSIS	574	558	3,147	2,937	16,342	474
2042	DIAGNOSIS	454	485	2,215	2,328	9,090	440
2050	DIAG INV GENERAL SYMPTOMS/EXAM	285	272	10,100	10,746	14,863	141
2051	MANAGEMENT GENERAL SYMPTOMS/EXAM < 18 YEARS	214	195	4,776	7,750	18,250	263
2052	MANAGEMENT GENERAL SYMPTOMS/EXAM 18 < 45 YEARS	138	123	7,685	8,762	33,717	164
2053	MANAGEMENT GENERAL SYMPTOMS/EXAM 45 < 65 YEARS	144	126	10,162	9,222	35,943	164
2054	MANAGEMENT GENERAL SYMPTOMS/EXAM 65+ YEARS	183	168	8,349	9,136	28,788	446
2059	PROPHYLACTIC VACCINATION	184	141	5,254	2,857	24,512	172
2060	THERAPEUTIC MEDICAL COUNSELING	130	163	7,782	5,951	70,655	144
2062	PREOPERATIVE EXAM	228	238	36,552	40,861	92,648	192
2064	THERAPY - NO INTERVENTION CODE	62	140	7,522	11,843	33,497	66
2066	CONTACT/CARRIER OF COMMUNICABLE DISEASE	106	153	281	258	1,386	160

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		2005/ 2006	*2004/ 2005	2005/ 2006	2004/ 2005	Activity Volume	Standard Deviation
2067	HEALTH HAZARD RELATED TO PERSONAL/FAMILY HISTORY	1,220	2,609	862	1,058	2,291	2,320
2068	ROUTINE HEALTH SUPERVISION	83	85	11,577	10,861	15,367	125
2069	POSTSURGICAL STATUS	262	161	11,120	8,643	60,525	859
2070	FOLLOW-UP/CONVALESCENCE	79	95	22,527	18,946	42,721	114
2071	SCREENING EXAM	177	200	4,216	4,024	12,350	103
2073	GENETIC COUNSELLING	1,171	1,138	1,732	1,771	1,732	864
2082	MODE OF SERVICE - TELEPHONE	60	56	193,927	186,234	447,630	92
2099	PATIENT LEFT WITHOUT BEING SEEN	15	130	87	700	6,872	0
99	UNGROUPABLES - BASED ON INTERVENTIONS	3,030	2,555	103	81	172	4,022
999	UNGROUPABLE	60	127	6	24	166	26
Total Records				2,043,964	1,993,122	6,878,808	

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